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ABSTRACT

The impact evaluation of the Children's Antivictimization Education Project (CAVE) showed that education programs conducted in English and Spanish enhance young children's potential for avoiding victimization. Children who experienced English K-3 and 4-6 programs showed significant gains in knowledge about victimization and strategies for staying safe. The Spanish K-3 program had a significant positive impact for first graders. Sample data for the Spanish 4-6 program and the English programs for grades 7-9 and 10-12 did not conclusively demonstrate program effects. While children's reports of abuse apparently increased after the presentations, data on the teachers' and presenters' knowledge about general child victimization and prevention issues did not indicate a positive effect. In addition to the impact evaluation of the Texas Department of Human Services' CAVE project, this final report provides (1) an introduction relating project background, goal, and objectives; (2) a description of key project features, including coordination, the We Help Ourselves (WHO) curriculum model, sites, and evaluation; (3) a process description; and (4) conclusions concerning the fulfillment of project objectives, continuation of the WHO program, and evaluation results. Eleven items of related materials are appended, such as steering committee minutes, an implementation report, and data collection instruments. (RH)

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FINAL REPORT

Children's Antivictimization Education Project

Grant No.
90-CA-1026

September 30, 1986

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The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

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Grant No. 90-CA-1026

Dear Ms. Daughtry:

Enclosed are three copies of the Children's Antivictimization Education (CAVE) Project Final Report. The report covers the period from September 30, 1984, to June 30, 1986.

The CAVE Project was successful in achieving the goal of educating children about how to protect themselves against abuse and how to get help if they were already victims.

Our agency thanks you for your cooperation in this successful endeavor. If you have any questions regarding this report, please call David X. Chavez at (512) 450-3737.

Sincerely,

Kent Gummerman

Kent Gummerman, Ph.D.
Administrator
Research and Evaluation Division
Office of Strategic Management,
  Research, and Development

cc: Mary B. Ryan, Federal Project Officer

Final Report:

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

September 30, 1986

Written by
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Submitted by

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FINAL PERFORMANCE REPORT
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OVERVIEW

PURPOSE

The Children's Antivictimization Education (CAVE) Project demonstrated a model for teaching school-age children to protect themselves against abuse. If they were already victims, the model showed the children how to get help. The project also demonstrated the collaboration of public child protective services, a nonprofit voluntary agency, parent-teacher associations (PTA), and a coalition for child abuse prevention working with public schools.

LOCALE AND CURRICULUM

The project was located in three geographically isolated PTA districts--counties in and surrounding El Paso, Abilene, and Nacogdoches, Texas. A Spanish-language curriculum was developed and validated for the El Paso site. Models varied to meet the cultural and language needs of the students.

ADMINISTRATION

The CAVE Project was carried out through a contract with the Mental Health Association (MHA) of Dallas County. A steering committee--with representatives from the Texas Department of Human Services (DHS), MHA, Texas PTA, the Texas Coalition for the Prevention of Child Abuse (TCPCA), and the Governor's Office--provided consultation for the project. Task groups at each site planned the local project, developed community support, recruited and oriented volunteers, and arranged access to the schools. Volunteers delivered the education programs.

ACCOMPLISHMENTS

The following paragraphs summarize the activities and accomplishments of the CAVE Project from September 30, 1984, to June 30, 1986.

Grant Award. DHS was notified on September 25, 1984, by the National Center on Child Abuse and Neglect, Office of Human Development Services, that it was approved to conduct the 17-month demonstration under the 1984 Discretionary Grant Funds Program for projects on the prevention of child abuse and neglect. A no-cost extension extended the project period to 21 months.

Project Goal. The goal of the CAVE Project was to educate children about how to protect themselves against abuse, and if already victims, how to get help.

Objectives. The project had four objectives:

- to develop a framework for state and local coordination of volunteer groups and individuals to provide antivictimization education with limited financial resources;
- to demonstrate a model of antivictimization education that was delivered by volunteers to children living in geographically isolated areas and that took into account cultural and geographical diversity;
- to develop the We Help Ourselves (WHO) curriculum in the Spanish language; and
- to provide antivictimization education to the public schools in at least 3 of the 18 Texas PTA districts.

Organizing the Project. DHS contracted with MHA in December 1984 to conduct the CAVE Project. The contract was monitored by staff of DHS's Protective Services for Families and Children (PSFC) Branch.

The CAVE steering committee was organized and began working in November 1984. The charge of the steering committee included:

- selecting the project sites,
- establishing local task groups,
- contributing to the design of the evaluation, and
- reviewing and commenting on curriculum and media development.

Selecting Sites and Personnel. The three local project sites were selected in November, and in January 1985 Ms. Sylvia Orozco-Joseph was hired by MHA as the CAVE **service coordinator.**

A **site facilitator** was selected for each project site to coordinate and oversee all the activities related to the CAVE Project in their respective sites.

Local Task Groups' Role. The local task groups were organized soon after. These groups, made up of representatives from DHS, PTA, TCPCA, local schools, and other elements of the community, were responsible for implementing the CAVE Project in their communities. The CAVE service coordinator provided technical and consultative support to the local task groups and assessed the progress of the project in each site.

Based on available funding each local project site decided on the size, location, ages, and ethnicity of its target population. MHA expected a maximum of 10,000 children would be served in each site.

The local task groups also developed standards for the WHO presenters and strategies for recruiting volunteers to present the WHO curriculum in the school.

Creating Community Awareness. WHO volunteers in the local sites created community awareness of the need for antivictimization education by holding numerous information meetings about the WHO program. They gained access to the schools by discussing the CAVE Project with and demonstrating the WHO curriculum to local school officials.

Bilingual-Bicultural Curriculum. MHA developed the bilingual curriculum in February 1985. A deliverable of this project was a translation of the videotapes into Spanish, and this bilingual/bicultural curriculum can now be considered for use by other states with large Spanish-speaking populations. The Spanish language curriculum took into account developmental, cultural, linguistic, and geographical differences.

Making the Presentations in Schools. The WHO curriculum was presented during the 1985-86 school year. Community volunteers, teachers, and school nurses made over 2,000 presentations to approximately 48,600 children.

The bilingual curriculum was piloted in the El Paso project site in six schools. Approximately 1,800 Spanish-speaking children in grades K-6 received the bilingual WHO curriculum. Only 211 students in grades 7-12 received the bilingual WHO curriculum.

Continuation with Local Funding. As a result of the overall success of the CAVE Project and the effectiveness of the WHO curriculum, all three local project sites contracted with MHA to continue the WHO program in the 1986-87 school year.

EVALUATION

An impact evaluation of the CAVE Project was designed and conducted by staff of DHS's Research and Evaluation Division. The evaluation assessed whether the WHO curriculum produced a significant increase in (1) children's knowledge about victimization and defense strategies and (2) teachers and curriculum presenters' knowledge about child antivictimization and its prevention.

The evaluation showed that the education programs did enhance young children's potential for avoiding victimization. Children who experienced the English K-3 and 4-6 programs showed significant gains in knowledge about victimization and strategies for staying safe. The Spanish K-3 program had a significant positive impact for first graders but not for the older children who saw the program. The sample data for the Spanish 4-6 program and the English programs for grades 7-9 and 10-12 did not conclusively demonstrate any effect of these programs. Possible reasons for the inconclusive data were explored.

Several teachers and presenters reported having experienced an increase in children's reporting of abuse after the program presentations. However, the data on the teachers' and presenters' knowledge about general child victimization and prevention issues did not indicate a positive effect of the education program.

1

Introduction

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BACKGROUND

On September 25, 1984, the Texas Department of Human Services (DHS) received approval from the National Center on Child Abuse and Neglect, Office of Human Development Services, to conduct a 17-month demonstration entitled the Children's Antivictimization Education (CAVE) Project. This award was approved under the 1984 Discretionary Grant Funds Program for demonstration projects on the prevention and treatment of child abuse and neglect. The original project period ran from September 30, 1984, through February 27, 1986. (Later the project was granted a four-month, no-cost extension to June 30, 1986.)

Problem Addressed. The 1984 program's priorities included a call for demonstrations aimed at solving equity-of-service problems in rural areas that have limited financial resources. DHS addressed this priority by proposing the use of volunteers to extend antivictimization education to children in rural areas, a service previously available only through child protective programs concentrated in cities.

Project Approach. The CAVE Project demonstrated a model curriculum for teaching school-age children how to protect themselves against abuse and, if they were already victims, how to get help. Volunteers delivered the curriculum to children in geographically isolated areas. The method of presentation took account of cultural and language diversity.

The project focused mainly on primary prevention (efforts to influence behavior before abuse has occurred). The training was offered to school-age children (kindergarten through 12th grade). The project also demonstrated coordination and collaboration among DHS, the Mental Health Association (MHA) of Dallas County, Texas parent-teacher associations (PTA), and the Texas Coalition for the Prevention of Child Abuse (TCPCA).

GOAL AND OBJECTIVES

The goal of the CAVE Project was to educate school-age children in Texas about how to protect themselves against abuse. If they were already victims, the project's volunteers taught them how to get help. Project objectives were formally stated as follows:

1. to develop a framework for state and local coordination and coalition-building with public and nonprofit agencies, in-

stitutions, and individual volunteers to provide equity of service with limited financial resources;

2. to demonstrate a model of antivictimization education that is delivered by volunteers to children in geographically isolated areas and that takes account of cultural and language diversity;

3. to develop the We Help Ourselves (WHO) curriculum in the Spanish language for grades 4-12; and

4. to provide antivictimization education to the public schools in at least 3 of the 18 Texas PTA districts.

2

Key Features of the Project

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COORDINATION

The Texas Department of Human Services (DHS) is the state agency responsible for providing protective services to children who have been abused or neglected. As part of its effort toward primary prevention (influencing behavior before abuse has occurred) DHS developed and implemented antivictimization education programs delivered by volunteers in the public schools.

Steering Committee. Based on the belief that educational needs are best defined and addressed by community institutions working in conjunction with statewide parent organizations, the project's planners formed a steering committee composed of representatives from Dallas County MHA, Texas PTA, TCPCA, the Governor's Office, and DHS. The committee, chaired by the project's service coordinator, reviewed and coordinated all project activities.

Local Task Groups. Members of the steering committee were responsibile for assuring participation of their local agency representatives in local task groups in each of the school districts. These local groups developed community support; recruited volunteers; obtained cooperation from and access to schools for instructing children; identified needed curriculum modifications--based on local culture, attitudes, and experience; and developed a plan for ensuring the continuation of the project in the school system.

Contract with Mental Health Asociation. DHS conducted the CAVE Project through a contract with Dallas MHA, which was responsibile for (1) developing the local task groups and facilitating their work and (2) training volunteers and monitoring their effectiveness. MHA also provided staff support to the CAVE steering committee.

The service coordinator, hired by Dallas MHA, was responsible for carrying out the project. The coordinator also trained and oriented volunteers and provided data for the evaluation of the project. Local volunteers taught the curriculum and held informational meetings for other school personnel.

CURRICULUM MODEL

The WHO antivictimization education curriculum model developed at Dallas MHA was used in the CAVE Project. This education program employed videotapes, hand puppets, written material, and discussion sessions to teach children how to protect themselves against abuse.

The We Help Ourselves (WHO) Program. In the El Paso site, MHA was responsible for developing and piloting a Spanish-language version of the We Help Ourselves (WHO) curriculum (the English-language version of which has been used in urban Texas schools for some years).

The curriculum was modified for each school to meet the needs of the students served. For example, in grades 10-12 the primary language is English, but the family culture influences the student's behavior. The model was adapted to emphasize cultural rather than language needs.

The WHO curriculum taught students ranging from kindergarten to 12th grade how to avoid victimization at home, at school, and in the community. Using videotape presentations accompanied by guided discussion, WHO informed children that victimization is a possibility. They learned how to develop a personal plan for safety, how to react in potentially dangerous situations, and where to go for help if needed.

The subject was explored in an informative, straightforward manner that did not provoke fear. The students examined alternatives and arrived at appropriate attitudes, behaviors, and strategies for responding to a variety of situations that may confront them.

Features for Different Grade Levels. The presentation for children from kindergarten to grade 3 used videotapes, hand puppets, and posters.

A presentation aimed at grades 4-6 included a videotape of four situations in which the narrator asks the question, "If this were you, what would you do?" An eight-page activity book reinforced the presentation.

The presentations for grades 7-9 and 10-12 were based on videotapes that showed teenagers reacting to widely varied situations, such as peer pressure, sexual assault, domestic violence, physical and emotional abuse, incest, and running away. Each child received printed material about the program.

SITES

The effectiveness of the model was demonstrated in three sites. Representatives of participating state organizations selected the general areas. Local task groups selected specific counties and schools.

The three general areas selected were located in the following DHS regions:

- DHS Region 3--El Paso and five surrounding rural school districts (PTA District 15);
- DHS Region 4--Abilene and surrounding counties (PTA District 18); and
- DHS Region 10--Nacogdoches area (PTA District 12).

The map in Appendix A shows these locations.

EVALUATION

A complete evaluation plan was prepared by an evaluation specialist from DHS's Research and Evaluation Division.

Process Components. One important area of the evaluation consisted of tracking project progress. The project specialist from DHS's Special Projects Division monitored participation by children and parents, the number of volunteers recruited and oriented, the number of PTAs agreeing to work with the project, the extent of involvement by members of TCPCA, and other variables. The evaluator developed a form for tracking these types of information (see Appendix B).

Another important type of assessment examined coordination and cooperation among state and local agencies, schools, PTAs, and the project staff. These data were collected using quarterly site visits and verbal reports presented regularly by representatives of the local task groups. This information is discussed in Section 3 of this report, "Process Description."

Impact Components. One expected benefit of project activities was an increase in children's knowledge of how to interpret and deal with situations that may confront them, including behaviors that are appropriate and effective. A second expected outcome was an increase in teachers' and presenters' knowledge about child victimization and its prevention.

Changes in children's knowledge were assessed using a pretest/posttest control group design that measured knowledge acquisition before the educational program and one month following the presentation. Pretest and posttest scores were subjected to appropriate statistical tests. Gains in teachers' and presenters' knowledge were assessed in a single-group retrospective pretest design. The test instruments for different groups were designed by evaluation staff, with review and comment by the contractor.

Another anticipated effect of the project was increased reporting of abuse and neglect by children who went through the program. The questionnaire for teachers and presenters included items to determine whether they experience such an increase. Because no preprogram data were available and because the numbers were expected to be relatively small, no tests of statistical significance were performed on these data. This information is discussed in Section 5 of this report, "Impact Evaluation."

Progress. The project evaluation plan was submitted to DHS's Protective Services for Families and Children (PSFC) Branch for review and comment and approved in February 1986.

Data collection began in November 1985 in Abilene and Nacogdoches and in December 1985 in El Paso. All data from the Abilene project sites were collected by March 1986, and analysis of the data was completed by April 1986.

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Process Description

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ACCOMPLISHMENTS BY TASK

This section describes the accomplishment of the CAVE Project during the project period October 1, 1984, to June 30, 1986.

TASK 1: DEVELOP, NEGOTIATE, AND MONITOR CONTRACT

The Texas Department of Human Services (DHS) contracted with the Mental Health Association (MHA) of Dallas County in December 1984 to conduct the Children's Antivictimization Education (CAVE) Project. Appendix C contains a copy of the agreement. The contract was monitored by the state contract manager in the Protective Services for Families and Children (PSFC) Branch, located in DHS's central office in Austin.

In early 1986 DHS asked the Office of Human Development Services (Department of Health and Human Services) for a no-cost, four-month extension of the CAVE Project. The request was approved in March 1986. The contract between DHS and MHA was amended to extend the agreement through June 30, 1986.

TASK 2: HIRE STAFF

MHA hired Ms. Sylvia Orozco-Joseph as the CAVE service coordinator in January 1985. Her job responsibilities included--

- developing and coordinating the CAVE steering committee and the local task groups in each project site,
- developing the Spanish-language antivictimization education curriculum,
- training local project site volunteers to present the We Help Ourselves (WHO) antivictimization curriculum,
- communicating and negotiating with local school officials to include the WHO program in their schools,
- advocating for the presentation of the WHO program to local community and school groups, and

- coordinating the scheduling of WHO presentations in the schools and data collection for the impact evaluation.

Ms. Orozco performed these duties effectively and in a responsible and professional manner.

On February 7, 1985, Ms. Delia Carrasco began her duties as the clerical support person for the CAVE Project.

Ms. Becky Windham and Ms. Clare-Marie Karat of Office of Strategic Management, Research, and Development in DHS's central office in Austin were originally assigned as the project specialist and evaluation specialist, respectively. The project was later reassigned to Mr. David X. Chavez and Ms. Kerry Washburn.

TASK 3: SELECT STEERING COMMITTEE AND HOLD MEETINGS

The organizational meeting of the CAVE steering committee was held in Dallas on November 4, 1984. Representatives of MHA, Texas PTA, TCPCA, and the WHO program director met to establish roles and responsibilities, to identify tasks, and to select project sites.

Steering Committee Responsibilities. The November organizational meeting also produced a draft of the steering committee's responsibilities, which included--

- establishing local task groups,
- meeting quarterly in Dallas,
- providing information to members' own organizations,
- participating in dissemination of the project's results,
- contributing to the design of the evaluation,
- participating in the final site selection, and
- reviewing and commenting on curriculum and media development.

These roles and responsibilities were agreed upon at the first official steering committee meeting held in February 1985.

Steering Committee Activities. Minutes of all steering committee meetings were prepared by the CAVE state coordinator and disseminated to all steering committee members. (For detailed information about the business conducted in these meetings, see Appendix D). Examples of some of the activities conducted by the CAVE steering committee include the following:

- reviewed the WHO instructional materials and discussed changes and modifications to the program, such as changing the English language scripts to fit the Spanish language version and making setting changes in the scripts from urban to rural locations;
- reviewed and discussed local site task groups' activities presented quarterly by the local site facilitators;
- discussed the status of local sites, reviewed statistics, and recommended appropriate action when necessary;
- reviewed DHS's evaluation plan for the CAVE Project and the evaluation activities, such as community acceptance of the WHO program, WHO presentation schedules, and testing schedules;
- reviewed and approved reporting requirements and information flow among the CAVE participants;
- reviewed and discussed administrative actions, such as budget revisions and the request for project extension; and
- discussed strategies for continuing the WHO curriculum as part of the regular program in the schools that received the curriculum under the auspices of the CAVE Project.

TASK 4: SELECT SITES

Selection Criteria. In early November 1984, DHS and MHA staff reviewed 11 sites potentially eligible for the CAVE Project and selected 3 based on the following criteria:

- less than 100,000 population or geographically isolated,
- not more than one site in any DHS region,
- not more than one site in any PTA region,

- located where PTA had strong volunteer support,
- located where TCPCA was active, and
- one site where the majority of the children were Spanish-speaking or bilingual.

Sites Selected. The three sites selected were Abilene in DHS Region 4, El Paso in DHS Region 3, and Nacogdoches in DHS Region 10 (see map in Appendix A). El Paso, where the majority of the children speak Spanish, was designated as the site where the Spanish language curriculum would be offered and evaluated. The other sites could also offer the Spanish language curriculum if appropriate.

Selecting Schools and Grades. The local task groups in each project site selected specific schools and grades based on community interest, school interest, available volunteer support, and available data on the number of children and the ethnic composition of the population. Task group members in each site identified target schools and worked with each school's administrative and teaching staff to determine the feasibility of operating the project in the identified school.

The following paragraphs describe how a needs assessment was conducted at each of the three sites and the school districts that participated in the CAVE Project.

Abilene--Task 4

The community needs assessment instrument developed by MHA (see Appendix E) was not formally used. Instead the project site was expanded to ensure that the targeted number of children was met. In addition to Abilene, the site encompassed Brownwood (including the Bangs and Early school districts) and the Snyder Independent School District (ISD). Initially, both Abilene and Brownwood schools were cautious in scheduling classes, which presented obstacles in carrying out the project. The conservative nature of the administrators of these school districts created this problem. Wylie and Throckmorton ISDs, two small school districts in the Abilene area, received the WHO presentations.

Grade 4-9 were targeted in Abilene, while grades K-12 were targeted in Brownwood and Snyder.

El Paso--Task 4

The community needs assessment was not used in El Paso; however the local task group decided that the WHO program would be presented to more children than the 10,000 required for the evaluation. In fact, over 30,000 children received the WHO curriculum in the El Paso area.

The El Paso task group targeted six school districts--Clint, El Paso, San Elizario, Socorro, and Ysleta. The targeted groups in primary schools were grades K-3 and 4-6, and the bilingual presentations were to be made to selected classes in these groups.

Nacogdoches--Task 4

The targeted schools in this project site were in the Nacogdoches ISD. However, the district's total school population was less than 10,000 students; therefore, a number of small adjacent school districts and private schools participated in the CAVE Project. These school districts and private schools included Cushing ISD, Christ Episcopal School, Early Childhood Lab, First Baptist Day School, Fredonia Hill Day School, Garrison ISD, Estoile ISD, Woden ISD, Central Heights ISD, Douglas ISD, Chireno ISD, Martinsville ISD.

The WHO presentation was targeted to children in grades K-12 in the schools in the Nacogdoches project site.

TASK 5: ESTABLISH SITE TASK GROUPS AND HOLD MEETINGS

Local task groups were established in each of the three project sites. The groups were made up of local representatives from DHS, PTA, TCPCA, schools, and other elements of the community--such as medical, mental health, legal, and social service organizations.

Task Groups' Responsibilities. The responsibilities of the local task groups included--

- meeting on a regular basis, preferrably monthly;
- selecting a task group facilitator;
- selecting the specific school districts and schools;
- developing and carrying out a plan for each site;

- promoting the WHO program and developing community support;

- recruiting volunteers to conduct the WHO presentations;

- obtaining access to the schools;

- identifying changes needed in the curriculum; and

- ensuring continuation of the project.

The CAVE service coordinator met periodically with the local task groups to assist them in developing work plans, roles, and responsibilities and in identifying intervention strategies for getting WHO presentations made in their schools. The purpose of initial meetings of the task groups was to identify key local people, agencies, and community organizations that would potentially be part of the project.

Site Facilitator's Role. Each of the three project sites designated a site facilitator who was responsible for coordinating all CAVE-related activities at the project site. The facilitator acted as the communication point between MHA and the local project. Other tasks for which the site facilitator was responsible included—

- overseeing the scheduling of WHO presentations, the testing, and the data collection in the participating local schools;

- ensuring that there was ongoing contact with the local community regarding the WHO program;

- providing monthly statistical and narrative reports to MHA; and

- negotiating and maintaining local CAVE budgets.

The following paragraphs summarize the accomplishments of the task groups in each site.

Abilene—Task 5

Activities in Abilene. The Abilene task group was composed of representatives of the West Central Texas Law Enforcement Academy;

DHS; Texas PTA; Brownwood ISD; Brownwood PTA; Early Elementary School; Bangs School; the Abilene Rape Crisis Center; and MHA.

Members of this local task group conducted many informational programs and open forums on the CAVE Project and the WHO program for community groups and local agencies. These included presentations to the Rape Crisis Center; Big Brothers/Big Sisters; the Tom Green County Child Welfare Board; the Foster Parent Association, Abilene ISD; the West Texas Rehabilitation Association; and the Abilene PTA.

The task group met in July 1985 to identify target schools, to develop ways to promote community awareness about child abuse and the CAVE Project to identify ways to recruit volunteers, and to develop strategies for accessing the local schools. In July, a budget was discussed and approved.

In August and September 1985, task group members met with school administrators to present the CAVE Project. They continued to meet regularly with school officials to gain access to the schools.

Task group members approved and initiated the training schedule for the community volunteers who would present the WHO curriculum in the schools.

A special training session was held in December 1985 for the Abilene ISD nurses and counselors. They were trained on (1) reporting child abuse and on (2) procedures to ensure the personal safety of children who are at risk of abuse. This meeting was the result of a rape disclosure to a WHO presenter.

The CAVE service coordinator met with the Abilene task group volunteers in late January 1986 to give them an update on the CAVE Project and to discuss institutionalizing the WHO program in the Abilene community.

The Abilene task group continued to promote the WHO program during the latter part of the 1986 school year, making a WHO presentation at a PTA workshop for parents, teachers, and teenagers and distributing information on WHO at the Discovery Toys Children's Fair.

Activities in Brownwood and Snyder. Snyder and Brownwood established their own task groups due to the distance between Abilene, Snyder, and Brownwood. They were organized as separate sites with their own administration, budget, and so forth. In Snyder, the student development coordinator for the public schools coordinated the project, and the school nurses presented the WHO program. Two local coordinators in Brownwood established a task group that consisted of PTA members and school teachers. Early and Bangs ISDs were included in the Brownwood area.

The CAVE service coordinator met with the Brownwood task group in March 1986 to discuss monthly reporting, the project evaluation, and implementation plans for the next school year. The coordinator also met with the superintendent and administrators of the Brownwood ISD. She gave them an overview of the WHO program, showed portions of the WHO videotapes, and discussed establishing the WHO curriculum as a regular program in the Brownwood schools.

In late January 1986 the CAVE service coordinator visited the Snyder project site. She met with CAVE volunteers to discuss the project, administration at the site, activities related to establishing the WHO curriculum as a regular program, and acceptance of the CAVE Project by the community. She learned that the program had a favorable response from nurses, teachers, and children. And that the Snyder public schools were considering training their teachers to make the WHO presentations as part of the regular school program.

El Paso--Task 5

The El Paso task group was made up of representatives of DHS; the state PTA; local PTAs from Clint, San Elizario, and Ysleta ISDs; San Elizario ISD; and Family Outreach.

The El Paso task group met during the beginning of the 1985-86 school year to discuss accessing the targeted schools, recruiting volunteers, and developing a budget. The task group also identified ways to get contributions from the community to offset the additional expenses of presenting the WHO curriculum to an increased number of children. One method was to work on an "adopt a school" program for CAVE. Businesses that "adopted" a school supplemented the expense of printing CAVE material. A fund raiser sponsored by a local sorority also provided additional financial support for the CAVE Project.

Training sessions on presenting the WHO program were conducted in August 1985 for volunteers in the Socorro, San Elizaro, Clint, Canutillo, and El Paso school districts. Volunteers in the Ysleta ISD were trained in September.

El Paso task group members originally planned to have schoolteachers and nurses, rather than volunteers present the WHO program. Later, when the program was expanded, they needed to recruit volunteers at large to successfully carry out the program.

El Paso volunteers spent considerable time in conducting community awareness activities.

- PTA and parent meetings in English and Spanish were held periodically.

- El Paso task group volunteers and DHS staff presented an overview of WHO at a meeting of the West Texas School District Association.

- Task group volunteers participated in several events to provide information about the WHO program, including the Fiesta De Los Ninos, the Fort Bliss Family Service Center Conference, and the Foster Family Convention of America.

El Paso task group volunteers also continued to conduct outreach and to network with El Paso area school districts that had not received the WHO program.

Nacogdoches—Task 5

As in the other two project sites, the Nacogdoches task group met regularly during the summer of 1985 to develop and implement its work plan. The components of the plan included identifying the target population, deciding on strategies for recruiting volunteers, accessing the targeted schools, and developing a budget.

The Nacogdoches task group included the principal of Central Heights High School; the director of elementary curriculum for Nacogdoches ISD; the director of the early Childhood Lab at Stephen F. Austin State University; the volunteer coordinator of the local women's shelter; and representatives of Fredonia Elementary School and DHS.

The CAVE Project in Nacogdoches was carried out under the auspices of the area Child Safety Council. The chairperson of this council was the elementary curriculum director.

Training of volunteer WHO curriculum presenters was conducted in late August 1985. Meetings with local volunteer organizations to recruit WHO presenters were not very productive. As a result, it was decided to train teachers to present the WHO program.

The local task group created community awareness about the WHO program by coordinating viewing of the videotapes in the community for the purpose of recruiting volunteers and gathering support of community organizations.

The Child Safety Council met in January 1986 to discuss the status of the CAVE Project and the feasibility of continuing the WHO program in the Nacogdoches area schools during the 1986-87 school year.

The local child welfare board hired a staff person in late February 1986 to coordinate activities for the CAVE Project. The local coordinator concentrated on obtaining access to other area school districts for the WHO program.

TASK 6: DEVELOP AND IMPLEMENT THE SITE PLAN

MHA discussed implementation planning individually with the three local task groups during the early part of 1985. The following points were considered in developing the plan: target population, volunteer recruitment, access to schools, instructional materials and equipment, and budget. General guidelines were used for all sites; however, each community developed its own individual plan.

MHA staff developed a community needs assessment instrument to assist the local task groups in determining the most effective implementation plan. However, the assessment instrument was not formally used by any project site in developing their implementation plan.

Based on available funding, each local site decided on the size, location, ages, and ethnicity of its target population. The sites also determined which schools would receive the Spanish-language WHO program and which programs would be used in each school. The programs were grouped by grades: kindergarten to grade 3 (K-3), grades 4 to 6, 7 to 9, and 10 to 12. MHA expected that a maximum of 10,000 children would be served in each project area.

Standard qualifications of the basic volunteer WHO presenter were identified and discussed; however, particular needs of each area ultimately dictated individual qualifications. This approach allowed the program greater flexibility. Other areas of discussion regarding volunteers included time commitment and number of volunteers required.

MHA staff and the local volunteer task groups determined that access to the schools was the first priority, ahead of defining the target population and recruiting volunteers. In order to gain access to the schools it was essential to discuss the CAVE Project and demonstrate the WHO program to school administrators (superintendents and principals); at teacher in-service sessions; at PTA meetings; and meetings of other community groups.

MHA staff wrote an excellent description of the CAVE Project implementation process (see Appendix F).

TASK 7: DEVELOP BILINGUAL/BICULTURAL CURRICULUM

Curriculum Development. CAVE Project staff at MHA began work on developing the WHO bilingual/bicultural curriculum in February 1985. As a result of their experience in presenting the WHO curriculum, the MHA staff determined that the development of the bilingual/bicultural curriculum should also include cross-cultural factors. The WHO curriculum was modified to take into account developmental, cultural, linguistic, and geographic differences. Dallas MHA staff wrote a concept paper discussing cross-cultural factors that affected the WHO program (Appendix G).

Producing the Spanish Videotapes. MHA staff also translated the WHO scripts into Spanish. The aim of the translation was to communicate the WHO concept in standard Spanish that was as free as possible from accent, dialect, slang, and regionalisms.

The Spanish scripts and rural situations for the videotapes were reviewed and approved by the steering committee in August 1985.

MHA selected actors, narrators, locations, and a Dallas company to produce the tapes.

Approximately 40 students and volunteers participated in the production of the Spanish videotapes. Most of the students were from North Dallas High School, and many of them were involved in the school's drama club.

Meetings were held in May at North Dallas High School after school hours. The purpose of these meetings was to explain the WHO curriculum, view the English videotapes, and explain how and when production would take place.

Seven days were needed to produce the 16 vignettes in the WHO Spanish curriculum. Video production took place at two schools and two homes in East Dallas. It was also necessary to include one full day of production in an area grocery store. The videotapes were edited and finished in September.

The final format was produced on a high-quality, half-inch broadcast format, which produces a video signal equal in quality to the one-inch videotape used on network television broadcasts.

TASK 8: HOLD INFORMATIONAL MEETINGS

All three local project sites began holding informational meetings in both the community and the schools during July, August, and September, 1985. The purpose of these meetings was to (1) inform the public and school officials about the WHO program, (2) to elicit support for the CAVE Project, and (3) to recruit volunteers as presenters of the WHO curriculum. The general response from the audiences was favorable, and many volunteers were recruited as a result of these meetings.

Outreach to communities produced many successful results, including the following:

- The Child Safety Council opted to implement the WHO curriculum in Nacogdoches.
- Local PTAs became very active in each of the three sites through participation in local task groups, presentations to school administrators, and making school presentations of the WHO curriculum.
- In El Paso, local businesses, community groups, and PTAs contributed funds to support expansion of the project.
- Nurses from Snyder, who attended the WHO training in Abilene, planned to train other nurses to present the WHO curriculum in Snyder.
- In El Paso, the MHA staff presented the WHO program in Spanish at several PTA meetings. These meetings were very successful and well received.
- In Brownwood, local banks contributed toward the cost of printing that exceeded the amount allocated by the contract.
- Despite the reluctance of some school districts to conduct the CAVE evaluation procedures, the local communities were very supportive of the program. This support had an influence in getting the WHO program presented in all the targeted schools.
- CAVE staff from Abilene presented WHO material at the resource room at the Governor's Conference on Child abuse Prevention. This exposure resulted in a bookstore donating 10 percent of its sales at the conference to the CAVE Project.

During the latter part of the project period, MHA staff and CAVE volunteers also had the opportunity of sharing information about the

WHO program at several conferences, fairs, and conventions (further discussed under Task 13).

TASK 9: DELIVER CURRICULUM

In order to accomplish Task 9 the three project sites were required to carry out the following major activities:

- schedule training sessions and train volunteers to present the WHO curriculum,
- schedule the dates and classes for the WHO presentations, and
- develop the logistics of delivering the curriculum.

Appendix H contains a copy of the objectives for training volunteers on presenting the WHO curriculum.

The CAVE Project experienced some barriers to making WHO presentations and collecting necessary data for the evaluation. However, these difficulties (in the following subheadings for each site) did not impede the overall progress of the project.

Abilene--Task 9

Training Presenters. Training sessions for presenters were conducted in September 1985, and the process of scheduling presentations began. As mentioned previously in this report, two nurses from Snyder attended the Abilene training and will train other nurses to present the WHO curriculum in Snyder.

Access to Schools. Getting access to the Abilene ISD was somewhat of a problem, and obtaining scheduling information was difficult due apparently to the resistance of a particular administrator of the school district.

A committee composed of three Abilene ISD principals was formed in January 1986 to review whether to have the WHO program presented in the elementary grades. They decided to pilot test and evaluate presentations in two elementary schools. The pilots were conducted in April 1986. The results of these tests would determine whether all elementary schools in Abilene would receive the WHO presentation next year.

In **Brownwood**, the high school health classes were suppose to receive the WHO curriculum; because of a scheduling change, the high school English classes receive the program instead. Since the English teachers were not trained and were not completely informed about the WHO curriculum, their first review of the program was the testing instruments used in the pretest phase of the evaluation. The English teachers objected to and ultimately deleted two of the questions from the testing instrument.

Also in Brownwood, the principal of the junior high school refused to administer the pretest instrument.

El Paso—Task 9

Training Presenters. Training sessions were held in August 1985 for the volunteers who presented the curriculum in the schools. Because of the large number of volunteers, four training sessions were presented: the first three trained a total of 66 teachers and counselors from the El Paso school district; teachers and counselors from rural school districts attended the fourth session. The CAVE service coordinator, two certified training consultants, and MHA's WHO program director conducted the sessions. WHO presentations began in El Paso during September.

Access to Schools. Early and direct contact with the El Paso school districts proved to be a successful strategy. School administrators were cooperative in appointing school personnel to attend the training workshops; a total of 115 presenters were trained.

The process of scheduling presentations started at training. Teachers who attended training sessions tentatively scheduled classes for the school in which they taught, pending approval from their principals. While convenient for the teachers and school administrators, this process proved lengthy for the site facilitator and hampered sample selection and scheduling of the pretest and posttest for the impact evaluation.

Nacogdoches—Task 9

Training Presenters. Training sessions for WHO presenters were held in late August. Volunteers for this site included teachers, retired teachers, and school nurses.

Access to Schools. The Nacogdoches project had a later start than the other sites, which delayed presentation of the WHO curriculum in the schools. Although the chairman of the Child Safety Council, who is the elementary school curriculum director, was instrumental in gaining support for the project, the schools still expressed concern over how the program would fit into restrictions placed on them by the Texas Legislature. In an effort to fulfill certain requirements of Texas school law, MHA staff completed a technical procedure known as "coding" of the essential curriculum elements.

The scheduling of WHO presentations, however, remained difficult to accomplish and hampered the delivery of the curriculum and planning and coordination of the evaluation. The problem was caused by the lack of a fully committed staff person to work with the schools.

WHO Presentation Totals

The following paragraphs summarize the final statistics on the WHO presentations made in the three project sites (for more detailed statistics on WHO presentations, see Appendix I).

Abilene. A total of 166 WHO presentations were made in Abilene area schools. There were 4,447 children who received the WHO curriculum.

In Brownwood, 137 WHO presentations were conducted, with a total of 3,359 children receiving the program.

Volunteers in the Snyder school districts made 148 WHO presentations to a total of 2,959 students.

El Paso. There were 1,288 presentations of the WHO curriculum in the El Paso site; 97 of these were bilingual. A total of 30,880 children viewed the WHO program; of these 2,015 received the bilingual curriculum.

Nacogdoches. A total of 299 WHO presentations were made in the Nacogdoches project site. These presentations reached a total of 7,039 students.

TASK 10: PILOT BILINGUAL/BICULTURAL CURRICULUM

MHA staff completed the Spanish language WHO curriculum during the latter part of 1985. Plans were made to test the bilingual curriculum in all six El Paso area school districts. School administrators and local project staff selected the classes to receive the Spanish language program.

It was anticipated that the number of children in grades K-3 and 4-6 would provide an adequate sample for the evaluation. Local project staff also worked to ensure adequate representation of the 7-9 and 10-12 components. However, problems did occur in obtaining an adequate sample for the grades 7-12 presentations. Modifications were made to the project plan and were sent to the CAVE federal project officer on November 19, 1985.

After much effort 1,370 children in El Paso in grades K-3 and 434 children in grades 4-6 received the bilingual WHO curriculum. But the evaluation sample sizes were only 149 and 104 children, respectively. The 7-9 and 10-12 components were not tested. The reason for this change was that the available sample of children in these grades receiving the bilingual curriculum was inadequate; only 24 students in grades 7-9 and 97 in grades 10-12 received the bilingual WHO curriculum.

El Paso project staff reported that school district policy dictates the use of English as the primary language in the upper grades. In addition; there was evidence that the need for a Spanish language version of the WHO program for upper grades was not as great as originally thought. Site staff reported that the older students could understand the English curriculum.

TASK 11: DEVELOP A PLAN FOR CONTINUING THE CURRICULUM IN ONGOING SCHOOL PROGRAMS

Community Support for WHO. Community support for presenting the WHO curriculum in the schools was very positive from the outset of this project. Evidence of this support and acceptance of the curriculum was the interest and participation of the large number of volunteers, the consistent and energetic participation of the local task groups, and the number of schools that participated in the pilot. The positive overall response by the communities and schools in the three project sites indicated that inclusion of the curriculum in ongoing school programs was very likely.

Barriers. The demonstration schools proved to be typical in their conservative approach to modifying their curriculum and allowing community volunteers into the school routine. MHA and local project staff had to spend a great deal of time and energy to gain the confidence of school administrators, many of whom viewed such programs as controversial and were hesitant to allow them in their schools. The fact that school administrators allowed the pilot in their schools was a considerable achievement in itself.

The Outlook for Continuation. The CAVE state coordinator made contact with school district officials, interested parents, and community groups in all three project sites during January through March 1986. The purpose of these visits was to give overviews of the WHO program, preview the WHO videotapes, and discuss program operations and materials. The results of these contacts include the following:

- The **Abilene** ISD did not express an interest in the possibility of contracting with MHA to continue an ongoing WHO program. Instead, the Abilene Rape Crisis Center agreed to contract with MHA to receive and disburse funds for the WHO program in Abilene. The Abilene Rape Crisis Center will work with local PTA members to facilitate incorporation of the WHO program into the 1986-87 school year.

  The **Brownwood and Snyder** ISDs have both signed contract agreements with Dallas MHA to continue the WHO program in their schools during the 1986-87 school year.

- The **El Paso** chapter of the National Committee for the Prevention of Child Abuse (NCPCA) agreed to contract with MHA to continue the WHO program in the El Paso area schools. The El Paso NCPCA will provide the funding and coordinate all training and program materials. The schools will provide the personnel (teachers or school nurses) who will make the WHO presentations. CAVE volunteer staff met with school officials to discuss the distribution of WHO materials, scheduling of in-service training, and identification of program presenters for the 1986-87 school year.

- In **Nacogdoches**, the WHO program will continue under the auspices of the Child Safety Committee through contract with Dallas MHA.

TASK 12: PROVIDE INFORMATION FOR PROJECT REPORTING

Dallas MHA project staff provided regular monthly reports along with other pertinent information as necessary.

DHS evaluation staff developed a form for local site staff to report monthly activities. This form (a copy of which appears in Appendix B) was modified in January 1986 to provide additional statistical information. Other information included the number of WHO presentations given and the number of students attending, the status of community support for CAVE and volunteer involvement, and problems and resolutions.

MHA project staff and DHS evaluation staff met several times to develop the evaluation plan for the project. DHS staff prepared a concept design, test instruments, and procedures for conducting the evaluation and for collecting the data.

The CAVE state coordinator also provided copies of the minutes of all CAVE steering committee meetings.

TASK 13: ADVOCATE USE OF PROJECT FINDINGS

Special Presentations. In addition to the informational meetings held with local school officials, interested parents, and community groups, many other utilization and dissemination (UD) activities were planned or conducted during the later part of the project. These activities included the following:

- At the North Texas Counseling Conference, the WHO program director presented a workshop that included an overview of the CAVE Project.
- Information on the WHO program was presented at two workshops of the National Association of Junior Auxiliaries in May 1986.
- At the Third Annual WHO Conference in July 1986, a workshop, titled "Cross-Cultural Issues in Antivictimization Education," presented the rationale and development of the Spanish tapes, one of the CAVE Project's major products.
- Representatives of the WHO program participated in various local functions, such as the 15th District of PTAs Spring Conference held in April 1986, the Fiesta de los Ninos also in April, the Fort Bliss Family Service Center Conference in May, the Foster Family Convention of America in July, and the Discovery Toys Children's Fair also held in July 1986.
- Two CAVE volunteers made presentations at Stephen F. Austin University's Early Childhood Development Lab. The Nacogdoches daily newspaper mentioned these presentations in an article that highlighted the WHO program.

Steering Committee Ideas for UD. The February meeting of the steering committee identified several avenues for disseminating information about the WHO program; the following seemed to offer good potential for success: national and local civic and service organizations (Optimists, Lions, JayCees, Rotary, etc.); DHS and PTA state magazines; city neighborhood and recreation centers; the Texas Migrant Council; and local TV talk shows. It was also suggested that well-known personalities be asked to appear on behalf of the WHO program; several possible speakers were identified.

Dallas MHA Plans for UD. The Dallas MHA developed an information sheet about the WHO program in Spanish. This information sheet will be used to better serve the Spanish-speaking community.

MHA has plans to contact appropriate entities in states with large Spanish-speaking populations such as Arizona, New Mexico, California, Florida, New York, and Colorado to inform them about the availability of the bilingual curriculum. MHA expects a significant response to this outreach.

ISSUES AND CONSIDERATIONS

The CAVE Project was implemented on schedule, and overall operations proceeded with minimal difficulty during the 21-month project.

During the project several issues arose that affected overall operation; these issues included the following:

- The expansion of the El Paso project site required expansion of all areas of the project, which included raising the number of volunteers, adding schools and scheduling more classes, handling the increased logistical details, and recruiting local sources for additional funds.

- There were several delays in scheduling the class presentations. School administrators did not make final schedules of classes until school began, and during the month of September they had many other priorities besides scheduling WHO presentations. Also, volunteers were responsible for securing the scheduling information. While volunteers were an essential part of the project, there were no repercussions for them if they did not meet important deadlines.

- The bilingual portion of the evaluation plan had to be modified because a large enough sample could not be collected for the higher grades. As a result grades 7-9 and 10-12 WHO categories were not included in systematic testing.

- It was difficult to get information on WHO presentation scheduling in Abilene ISD and Nacogdoches This situation caused communication problems about when and where the WHO curriculum was being presented. Project staff began receiving scheduling information during the latter part of the project.

- MHA was unsure that all schools presenting the WHO program had procedures for ensuring that presenters knew the legal requirements and procedures for disclosing sexual abuse to authorities. As a result MHA ensured that all persons trained on the WHO curriculum were provided general information on this topic through discussion and handouts. MHA also developed a written directive to further clarify the legal requirements and procedures for reporting physical and sexual abuse. School districts that use the WHO curriculum are asked to train all presenters in their specific reporting policies and procedures.

- A request for a four-month, no-cost extension of the project was required to complete WHO presentations and data analysis for the project evaluation. The request was approved by OHDS, and all work was completed.

UTILIZATION AND DISSEMINATION

Established UD Strategies. As mentioned previously in this report, a great deal of dissemination activity occurred during the the CAVE Project. Most of this information-sharing took place primarily through the following mechanisms:

- MHA project staff and local task group volunteers conducted numerous presentations about the WHO program for local community and parent groups and for the teachers and administrators of the local schools. These meetings included an overview of the WHO program, a demonstration of the WHO videotapes, and general discussion about the results and benefits of the program.

- MHA project staff and local task group volunteers presented information about the WHO program at several conferences and conventions.

- DHS's Special Projects Division staff provided quarterly reports on the status of the CAVE Project to the federal funding source, to DHS staff and regional program areas, and to MHA. This final report will be submitted to the following information networks: Project SHARE and ERIC. Summary data were provided to the Training and Employment Institute on Government Relations.

Future UD Strategies. MHA has plans to contact states with large Spanish-speaking populations to inform them about the availability of the bilingual WHO curriculum and to share it upon request.

Other strategies for disseminating information were discussed in early 1986. These strategies included: (1) identifying and recruiting a well-known personality, who at the state or national level to serve as the "official spokesperson" for the WHO program; (2) providing information about the WHO program to community service organizations, such as Optimist and Lions Clubs and requesting them to endorse and/or support the program; and (3) accessing local and/or network television programs to provide information about and discuss the antivictimization concept and the WHO program.

All of the local project sites opted to contract with MHA to continue WHO presentations in the schools during the 1986-87 school year. MHA plans to continue outreach and communication with other locations in Texas to promote the use of the WHO program in their schools.

4

Impact Evaluation

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EVALUATION SUMMARY

The Children's Antivictimization Education (CAVE) Project demonstrated a model for teaching school-age children to protect themselves against abuse. The project was conducted in three geographically isolated areas in Texas: the Nacogdoches area, the Abilene school district and neighboring school districts, and the city of El Paso and neighboring rural school districts. The model included education programs in English and Spanish for each of four ranges of school grades: K-3, 4-6, 7-9, and 10-12. In each site, adult volunteers presented the education programs to the children in their schools.

Evaluation Questions and Design. The impact evaluation of the CAVE Project was designed to assess whether these education programs produced significant increases in (1) children's knowledge about victimization and defense strategies and (2) teachers and curriculum presenters' knowledge about child victimization and its prevention.

The evaluation covered the English programs for grades K-3, 4-6, 7-9, and 10-12 and the Spanish programs for grades K-3 and 4-6. The assessment of effects on children's knowledge involved a pretest-posttest comparison group design. Project effects on teachers' and presenters' awareness were assessed with a retrospective pretest design. Data collection for the evaluation began in November 1985 and continued through April 1986.

Results. The results indicated that the education programs enhanced young children's potential for avoiding victimization. Children who experienced the English K-3 and 4-6 programs showed significant gains in knowledge about victimization and strategies for avoiding it. The Spanish K-3 program had a significant positive impact for first graders, but not for the older children who saw that program. No program impact was found for the Spanish 4-6 program, nor were there significant effects of English programs for grades 7-9 or 10-12.

Several of the teachers and presenters reported that they personally experienced an increase in children's reporting of abuse after the program presentations. However, the data on their knowledge about general child victimization and prevention issues did not indicate a positive effect of the education programs.

EVALUATION OVERVIEW

The impact evaluation of the CAVE Project was designed to assess the effects of project activities on participating children's and adults' potential for preventing child victimization. The evaluation addressed **two major issues and one subsidiary issue.**

The first major issue concerned whether the curriculum significantly enhanced children's knowledge about victimization and appropriate defense strategies, thus making them better able to defend themselves in situations where victimization was a possibility. A secondary, related question was whether the education program's effect on children's knowledge varied depending on the school grade or sex of the child.

The other main issue for the evaluation was whether experience with the antivictimization curriculum increased teachers' and program presenters' knowledge about child victimization and its prevention, such that these adults were better able to help children avoid victimization and respond appropriately if victimization had already occurred.

The evaluation addressed these issues for the original English curriculum in the Abilene and Nacogdoches sites. Evaluation of the Spanish version was conducted in El Paso.

METHODOLOGY

DESIGN

The evaluation covered all four of the English-language programs (K-3, 4-6, 7-9, and 10-12) and the Spanish programs for grades K-3 and 4-6. Spanish programs for grades 7-9 and 10-12 were not included because adequate samples for these programs could not be obtained.

Impact on Children. For each program the impact on children was assessed by means of a pretest-posttest comparison group design. For one group (program group), knowledge was assessed before and approximately one month after presentation of the antivictimization curriculum. The second group (no-program comparison group) was also assessed on two occasions, one month apart; however, an antivictimization presentation did not occur in the time period between assessments. This group saw the presentation after the second assessment.

Effects on Teachers and Presenters. A single-group retrospective pretest design was used to examine program effects on teachers and presenters. These effects were assessed for each curriculum version (English, Spanish) as a whole, not for the individual programs. Data on gains in teachers' and presenters' knowledge about child victimization were collected in a single assessment, after a program presentation. Respondents were asked to report their level of knowledge both before and after seeing the presentation; this method has proved to be very reliable when the dependent variable is related to knowledge acquisition.

SAMPLE SELECTION

DHS evaluation staff selected initial samples based on information, provided by project site staff, on approximate class sizes and schedules for WHO presentations. For the assessment of program effects on children, the unit for sample selection was the classroom. Sufficient classes were selected from the project sites to yield initial samples of at least 250 children from the El Paso site for each Spanish program and 450 children (200 to 250 from each English-language project site) for each English program, according to available class enrollment information. In all, 113 classes were selected, including—

- 26 classes of children in grades K through 3 for the English K-3 program;
- 14 classes for the Spanish K-3 program, including children in grades 1, 2, and 3;
- 21 classes of children in grades 4, 5, and 6 for the English 4-6 program;
- 14 classes representing grades 4, 5, and 6 for the Spanish 4-6 program;
- 18 classes in grades 7 and 8 for the English 7-9 program; and
- 20 classes for the English 10-12 program, including children in grades 9 through 12.

Selected classes for the English programs included children from Brownwood and Snyder school districts in the Abilene site, and Nacogdoches, Woden, and Central Heights districts in the Nacogdoches site.

Classes selected for the two Spanish samples represented El Paso, Ysleta, and San Elizario school districts. Approximately half the classes in each sample were assigned to the program group; the remaining classes constituted the no-program comparison group. For each curriculum version (English, Spanish) the teachers and program presenters for the classes in the children's samples made up the initial sample for evaluation of project impact on teachers and presenters.

Final size and composition are provided for each sample individually in a later subsection, "Final Samples."

INSTRUMENTS

Data collection instruments for the evaluation were developed by evaluation staff in consultation with Dallas MHA project management staff (see Appendix J for copies of instruments).

Children's Knowledge. In all, 12 instruments were used to assess children's knowledge about victimization: two instruments for each of the four English programs and two Spanish programs. The use of two instruments per program was to ensure that observed improvement in scores was not specific to one particular test but more likely represented increased knowledge of general program concepts. For each program the two tests covered the same program concepts but differed in the specific questions that were asked.

The test for the K-3 programs each included a list of 12 two-choice questions (to be read aloud by an adult) about victimization and ways to avoid it, plus an answer sheet with a pair of pictures for each question. Tests for each of the other programs consisted of 12 or 13 multiple-choice items concerning victimization issues and strategies for personal safety.

Teachers' and Presenters' Knowledge. The questionnaire used to assess gains in teachers' and presenters' knowledge included a list of 11 statements pertaining to child victimization. Five statements were consistent with WHO tenets; six were contrary to WHO premises. For each item, the respondent was asked to rate the extent of his/her agreement on a 5-point scale (1 = strongly agree; 5 = strongly disagree) both at that time and before experience with the curriculum. The instrument that was given to teachers and presenters for classes assigned to the program groups included one additional item that asked whether the respondent personally experienced an increase in children's reporting of abuse after exposure to the WHO program.

DATA COLLECTION PROCEDURES

Procedures for Children

DHS evaluation staff prepared schedules for data collection for each project site. Classes of children were each scheduled to receive the knowledge tests in two separate sessions approximately one month apart between November 1, 1985, and April 30, 1986. Each class in a sample was to receive one of the two sample-appropriate tests in the first data collection session (pretest session) and the other in the second session (posttest session). For each class in the program groups, the pretest was to be given before the class received the WHO presentation; the posttest session was scheduled to occur four weeks after the presentation. For comparison group classes, both the pretest and the posttest were to be given prior to the WHO presentation.

A numeric coding system was adopted so that individual children's test forms from the pretest session could be correctly paired with their forms from the posttest session (for statistical analysis purposes) without identifying the children by name. Specifically, the test forms for each of a class's sessions were numbered. The person administering the tests was instructed to assign each child in the class a unique test number before the pretest, and to keep a record of the number assignment. Each child was to receive the test form with his/her assigned number in each of the two test sessions.

Tests were administered in their complete form (as they appear in Appendix J) for all classes except 12 Brownwood high school classes in the 10-12 sample. At the request of school personnel, abridged versions of the 10-12 tests were given to these classes. The abridged tests did not include two questions that dealt with sexual victimization (item numbers 7 and 11 on each 10-12 test in Appendix J).

Procedures for Teachers and Presenters

Teachers and presenters for classes in the no-program comparison groups were asked to complete the 11-item questionnaires after the WHO program was presented to their classes. Teachers and presenters for program group classes were given their questionnaires during or after their class's posttest session (approximately four weeks after the WHO presentation). Questionnaires for the adults associated with program group classes included the item that asked whether they experienced an increase in children's reports of victimization after presentation of the WHO program; forms for teachers and presenters for the no-program groups did not include this item.

Staff Responsibilities for Data Collection

DHS evaluation staff provided site staff with complete packages of data collection materials, one for each session, for each class that was selected for the evaluation. For the pretest the package included a test number assignment form, numbered test forms, and a postage-paid envelope for mailing completed tests to evaluation staff. Materials for the posttest included numbered test forms, questionnaires for the teacher and presenter, and postage-paid envelopes for completed instruments. All packages also included specific written instructions for using the numeric coding system and administering the tests to the children (see Appendix K for copies of instructions). Project site staff ensured that tests were administered by either the class teacher or the presenter and that completed instruments were forwarded to evaluation staff.

FINAL SAMPLES

Children--Final Samples

Evaluation staff received complete data from the pretest sessions for 2,194 children--between 214 and 476 for each program--in 108 of the 113 originally selected classes. Twelve of the 108 classes were subsequently deleted from the samples because posttest data were not received, and 5 classes were dropped because critical procedural errors in administering the posttest (e.g., giving the posttest for a no-program group class after the WHO presentation instead of before the program) rendered their data unusable. One additional class had to be deleted from the samples to maintain a balanced evaluation design (with equal representation of grades across program and no-program groups). Children in the remaining 90 classes who provided complete pretest and posttest data made up the final samples.

Final sample size, as well as school districts and grades represented in the sample, are presented for each program in table 1. Between 44 and 56 percent (average = 50 percent) of the children in each sample were female. On the average, the final samples included 71.7 percent of the children who initially had provided pretest data (range = 37.4 to 87.4 percent).

TABLE 1

Final Samples of Children

PROGRAM	SAMPLE SIZE		SAMPLE COMPOSITION	
	No. of Children	No. of Classes	Grades Represented	School Districts Represented
English K-3	415	25	K,1,2,3	Brownwood Snyder Nacogdoches Woden
Spanish K-3	149	10	1,3	El Paso Ysleta, San Elizario
English 4-6	320	17	4,5,6	Brownwood Snyder Woden Central Heights
Spanish 4-6	104	5	5	El Paso Ysleta, San Elizario
English 7-9	333	16	7,8	Snyder Nacogdoches
English 10-12	310	17	9,10,11,12	Brownwood Nacogdoches

Classes in the program groups in the final samples received the pretest, on the average, two to three days before the WHO presentation. The posttest sessions for these classes were conducted an average of 33 days after the pretest (range = 25 to 66 days). For classes in the no-program comparison groups, the average time between the pretest and posttest sessions was 29.4 days (range = 16 to 56 days).

Teachers and Presenters--Final Sample

Because the extent to which the selected classes shared teachers and WHO presenters could not be determined, the size of the initial samples of teachers and presenters could not be estimated. Completed questionnaires were received by evaluation staff for 51 teachers and presenters from the English language sites and 17 from the El Paso area. Thus, the final sample size for teachers and presenters was 68. Twenty-three (45.1 percent) of the respondents from the English language sites were associated with program group classes. Of the respondents from the Spanish language site, 7 (41.2 percent) were teachers and/or presenters for classes in the program groups.

DATA ANALYSIS

Children's responses to test items were coded as correct or incorrect. Test scores (percent correct for the 10-12 program; total number correct for all other programs) for children in each program group were compared to scores for children in the appropriate comparison group. Differences between grades and sexes in test scores were also examined. Analyses of these data included appropriate tests of statistical significance (analysis of variance and analysis of covariance).

Teachers' and presenters' ratings of the 11 statements on the questionnaire were coded and compiled to yield measures of average level of agreement with WHO tenets (extent of agreement with the statements that were consistent with WHO premises, combined with disagreement with the inconsistent statements) before and after exposure to the WHO program. Average agreement before the program was compared to average agreement after experience with the program, using appropriate tests of statistical significance (*t*-tests). Statistical tests could not be conducted for responses to the item concerning increases in children's reporting of victimization because the total number of positive responses to this item was very small (see the "Results" subsection).

RESULTS

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RESULTS FOR CHILDREN

English K-3 Program

Results on Program Impact. A significant positive impact of the WHO presentation was indicated for the children who saw the English K-3 program. Figure 1 shows the average test scores (number correct) on pretest and posttest for the program group and the no-program comparison group. The children in the program group improved more from pretest to posttest than did the children in the comparison group; this difference between groups was statistically significant ($p < .001$). The effect of the program did not vary significantly as a function of school grade or sex of the children.

Other Findings. Overall, third grade children showed more extensive knowledge of WHO concepts than did children in the other grades. Average scores on the pretest and posttest are shown for each grade (program and comparison groups combined) in table 2. Third graders' scores were significantly higher than other children's scores for both the pretest and the posttest ($p < .01$); average test scores for the other three grades did not significantly differ from one another.

There was a tendency for Test A to be more difficult than Test B. Specifically, average pretest scores on Test A were significantly lower than the average score on Test B for kindergarten children (7.4 vs. 9.4, $p < .01$). Also, posttest scores for children in grade 2 were significantly lower for Test A than Test B (9.0 vs. 10.8, $p < .01$).

FIGURE 1

Average Test Scores by Group

English K-3 Program

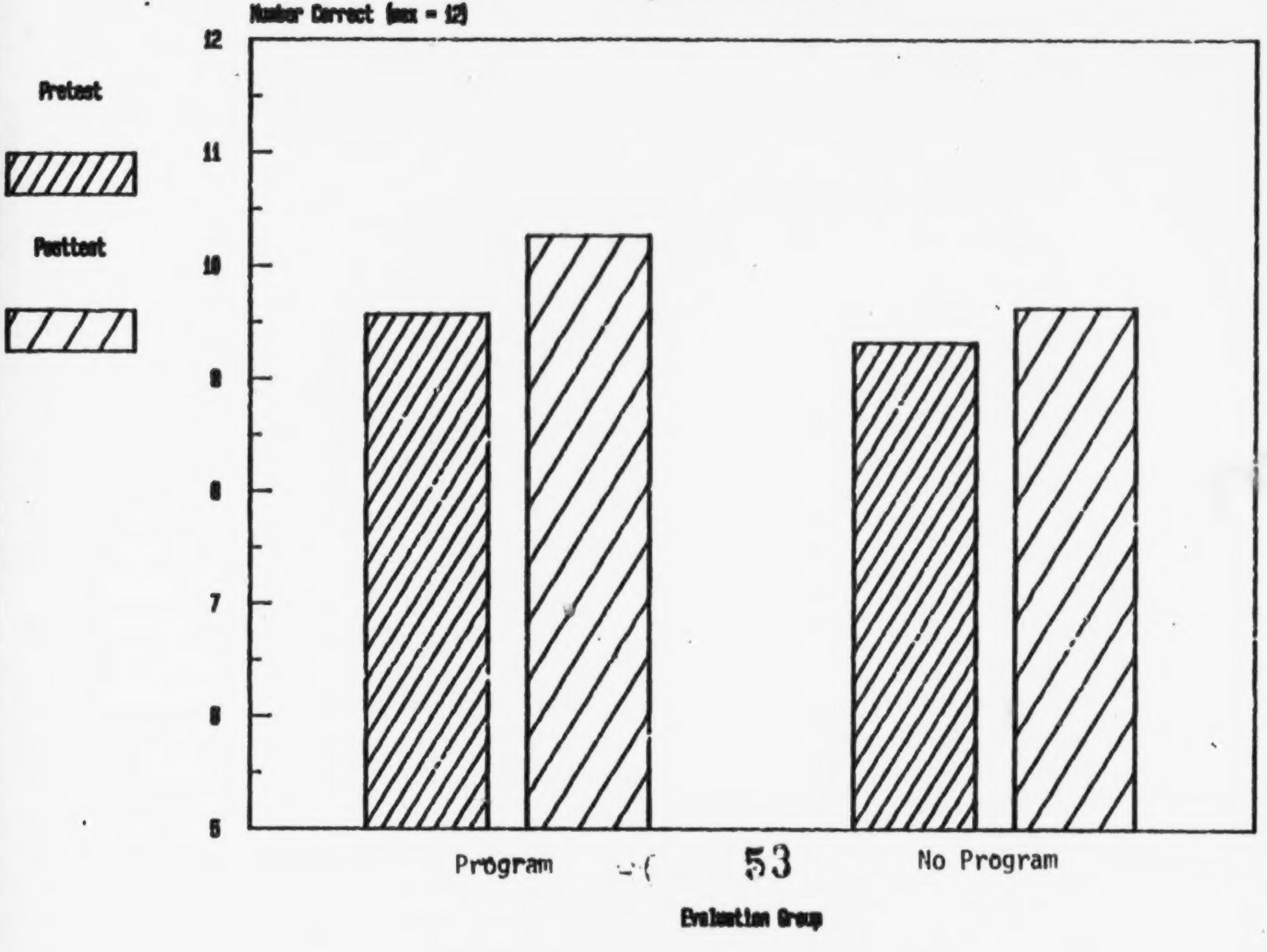


TABLE 2

Average Scores by Grade:
English K-3 Program*

GRADE	TEST SESSION Pretest	 Posttest
K	8.4	9.3
1	9.2	9.9
2	9.5	9.5
3	10.8	10.4

*Maximum Score = 12

No sex differences emerged for either the pretest or the posttest.

Spanish K-3 Program

Results on Program Impact. A significant positive impact of the Spanish K-3 presentation was indicated for first grade children but not for the third graders. Average pretest and posttest scores for program and comparison groups are presented for each grade separately in figure 2. First graders in the program group showed significantly greater knowledge gain from pretest to posttest than did first graders in the comparison group ($\underline{p} < .02$). For grade 3, however, the difference in knowledge gain between the two groups was not statistically significant. One plausible explanation for the apparent lack of program effect for third graders concerns their relatively high pretest scores (see "Other Findings," below). Specifically, their average level of knowledge before the program may have been too high to permit observable improvement.

The effect of the program did not vary significantly as a function of sex of the child.

Other Findings. Third grade children showed a higher initial level of knowledge about victimization than first graders. Table 3 shows the average pretest and posttest scores, for program and

FIGURE 2

Average Test Scores by Group, Grade

Spanish K-3 Program

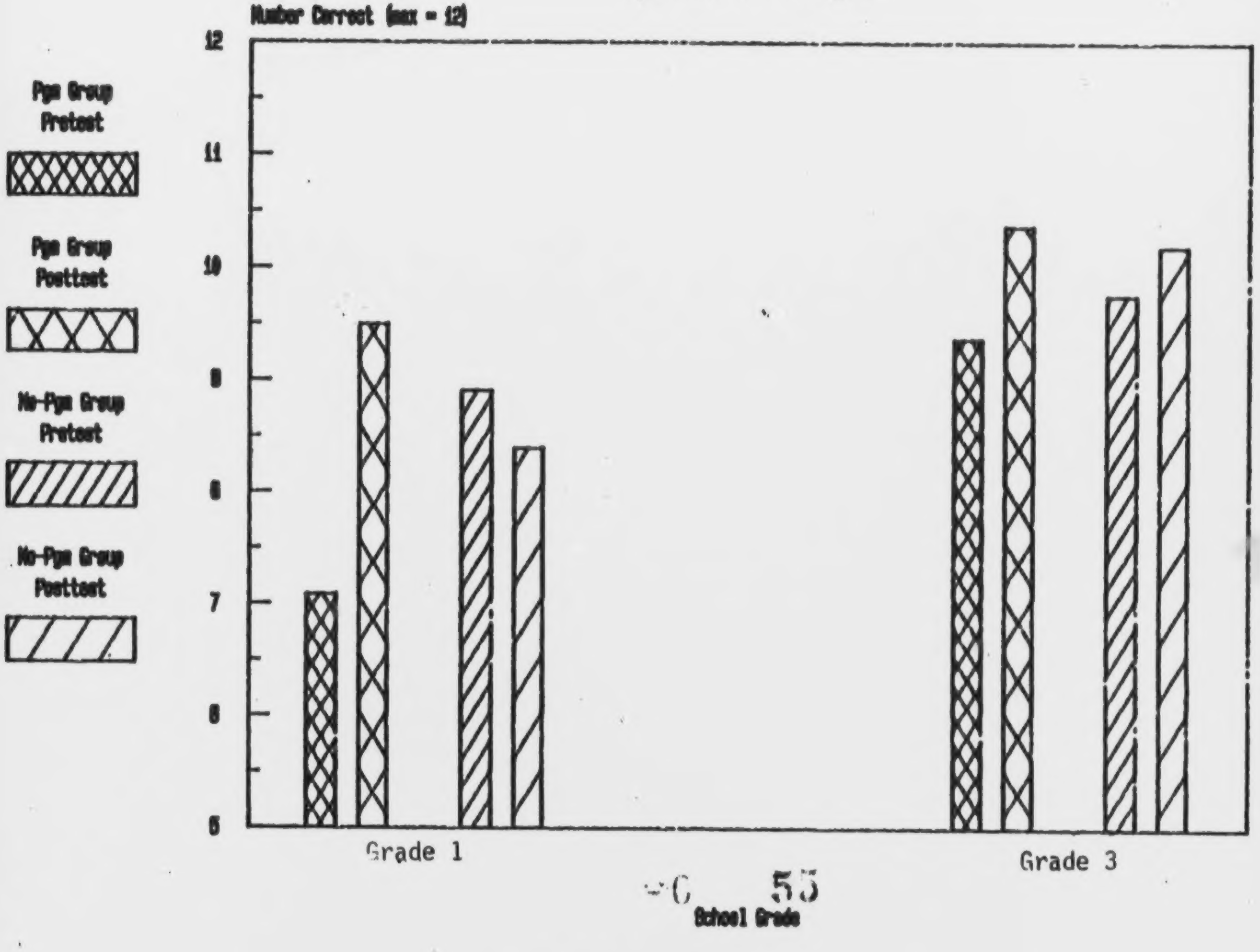


TABLE 3

Average Scores by Grade:
Spanish K-3 Program*

GRADE	TEST SESSION Pretest	Posttest
1	7.7	9.1
3	9.6	10.3

*Maximum Score = 12

comparison groups combined, for each grade. The average score on the pretest was significantly higher for third graders than for first grade children ($p < .0001$); however, the difference between grades in average posttest score was not significant.

There were no significant sex differences in scores on either the pretest or posttest.

English 4-6 Program

Results on Program Impact. Figure 3 shows the average pretest and posttest scores for the 4-6 program group and no-program comparison group. It is apparent from the figure that the initial scores for each group in this sample were quite high, and gains from pretest to posttest were extremely small. Nonetheless, the results indicated a significant positive effect of the WHO program: the increase in test scores was significantly greater for the program group than for the no-program comparison group ($p = .01$). The impact of the program did not vary significantly as a function of either sex or school grade.

Other Findings. Scores on the pretest and posttest did not differ significantly as a function of grade or sex.

Spanish 4-6 Program

Results on Program Impact. The results did not indicate an effect of the Spanish 4-6 program on children's knowledge about

FIGURE 3

Average Test Scores by Group

English 4-6 Program

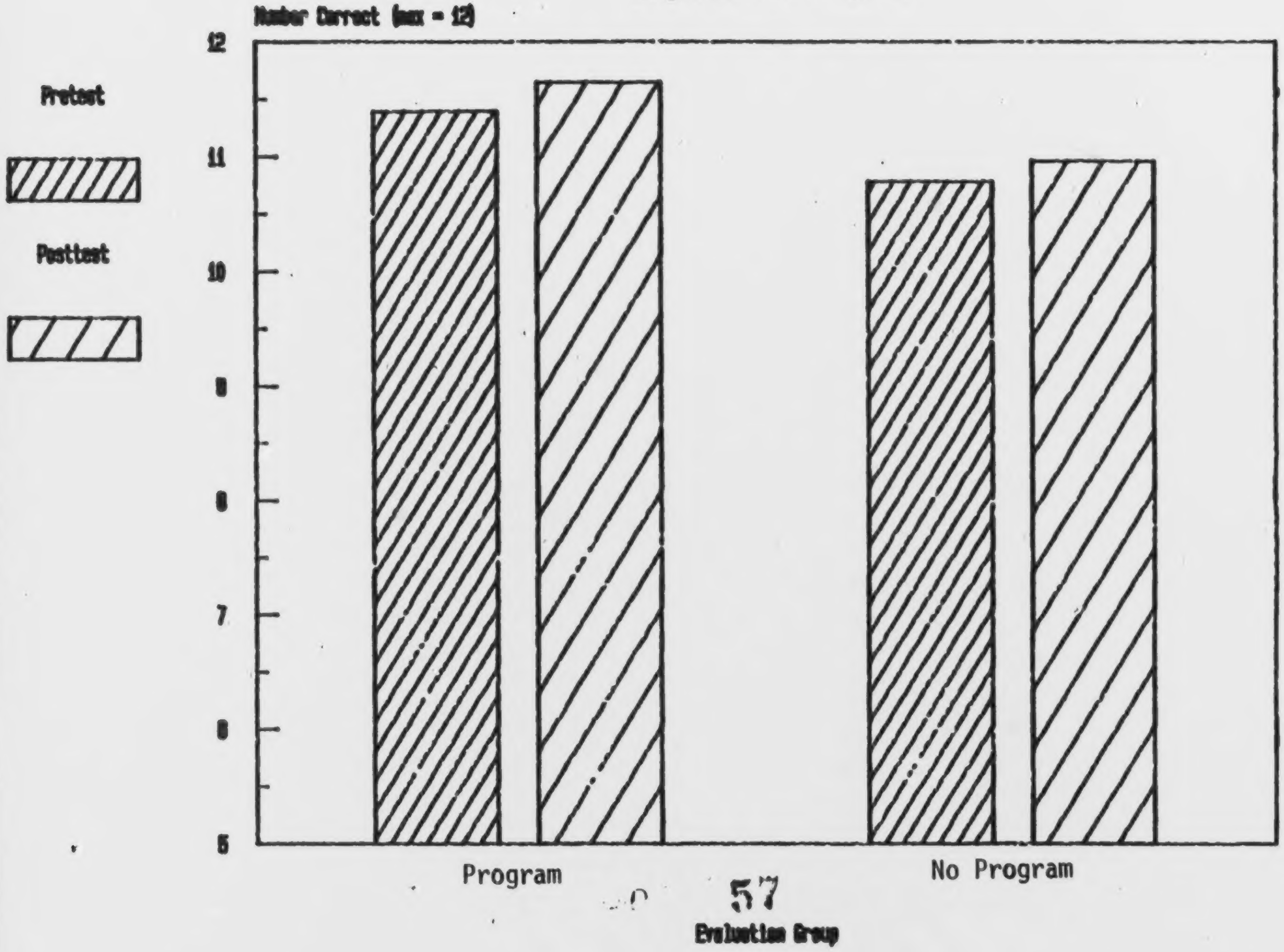
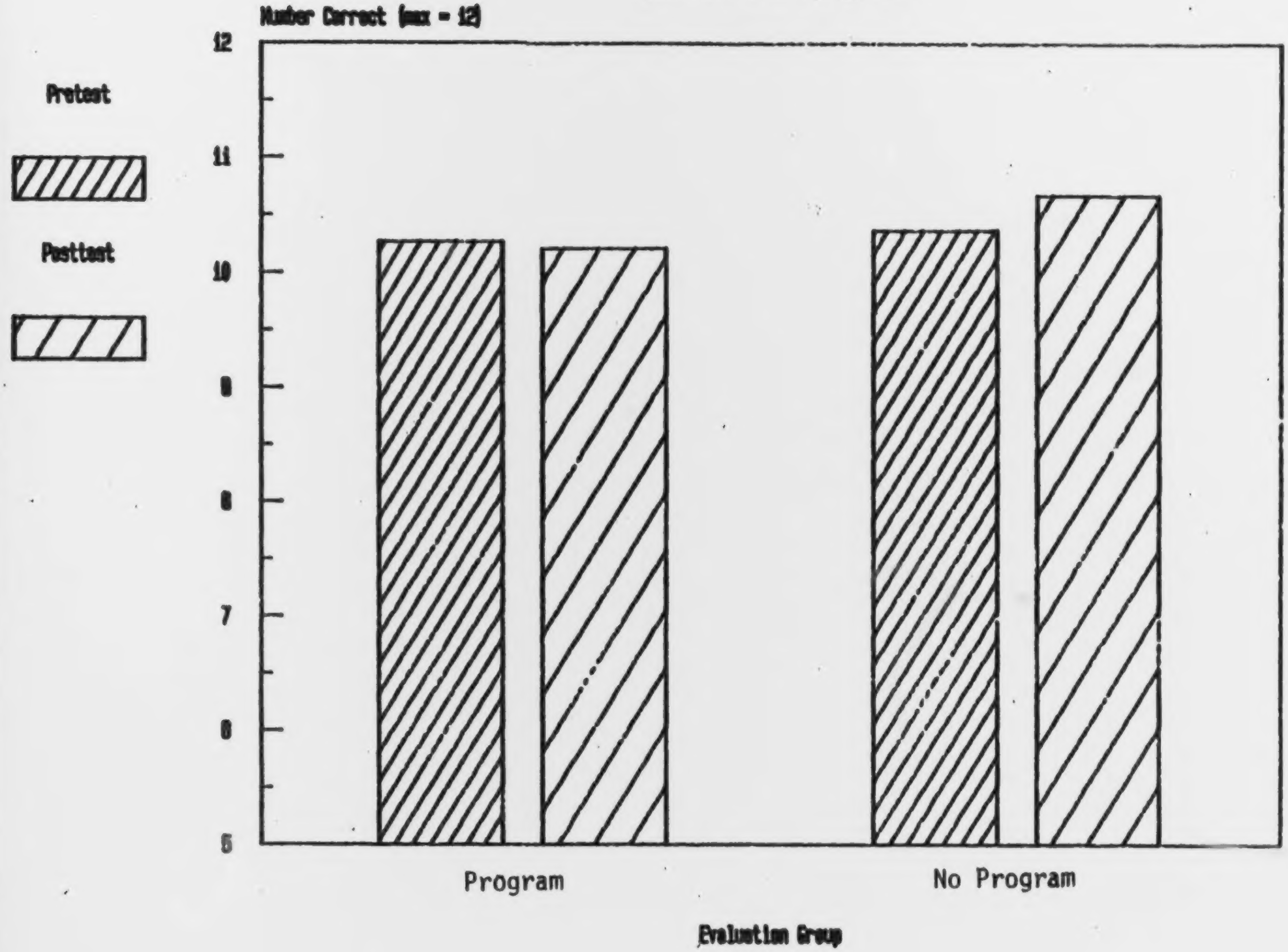


FIGURE 4

Average Test Scores by Group

Spanish 4-6 Program



victimization. Average scores on the pretest and posttest are shown for each evaluation group in figure 4. The knowledge change for the program group was not significantly different from that observed for the comparison group. Recall, however, that the final sample for the Spanish 4-6 program consisted of only 104 fifth grade children. It is possible that this relatively small sample precluded evidence of a positive impact of the program.

Other Findings. There were no significant sex differences in scores on either the pretest or the posttest.

English 7-9 Program

Results on Program Impact. An effect of the WHO program was not found for the English 7-9 sample: the program group did not differ significantly from the no-program comparison group in knowledge gain from pretest to posttest. There are several possible explanations of this result besides lack of effect of the WHO program; some plausible alternatives are discussed later in the "Summary and Conclusions" subsection. Figure 5 shows average pretest and posttest scores for the sample.

Other Findings. Females in the sample demonstrated greater knowledge of WHO concepts than did males. Average pretest and posttest scores are shown for males and females in table 4. Females scored significantly higher on the pretest than did males ($\underline{p} < .01$). The same sex difference was apparent at the posttest, but did not quite reach statistical significance.

TABLE 4

Average Scores by Sex:
English 7-9 Program*

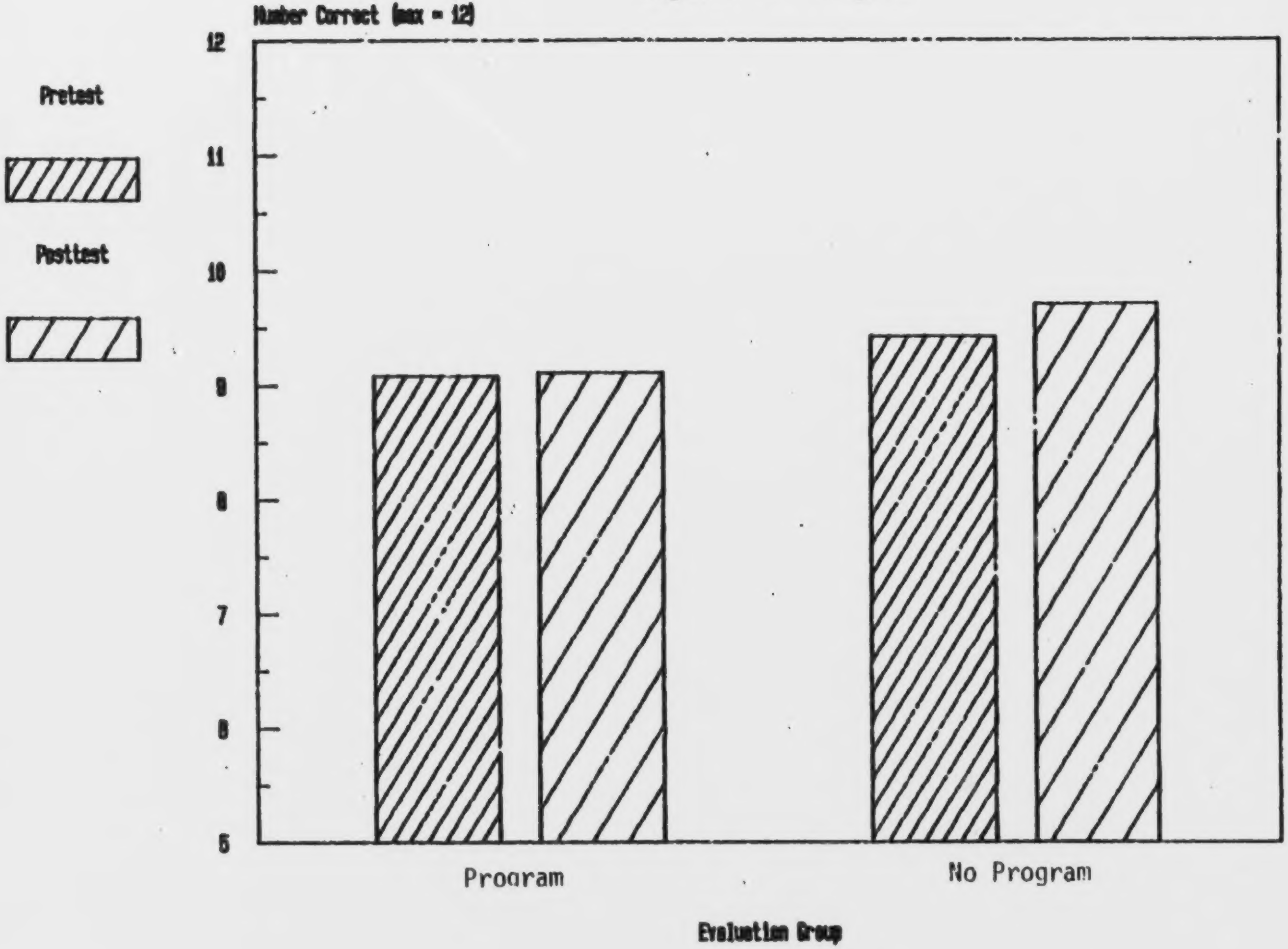
SEX	TEST SESSION Pretest	 Posttest
Male	8.8	8.8
Female	9.6	10.0

*Maximum Score = 12

FIGURE 5

Average Test Scores by Group

English 7-9 Program



There were no significant differences between grades on either the pretest or posttest.

English 10-12 Program

Results on Program Impact. The results did not indicate an effect of the English 10-12 program on knowledge about victimization. Figure 6 shows the average scores (percent correct) on the pretest and posttest for each evaluation group. Although the program group showed a greater increase in knowledge scores than did the comparison group, this difference between groups was not statistically significant. The reason for the apparent lack of impact is not immediately obvious. Some plausible explanations, other than program failure, are discussed later in the "Summary and Conclusions" subsection.

Other Findings. Females in the high school sample generally showed greater knowledge of WHO program concepts than did males. Table 5 shows the average percent correct for males and females at each test session. Females scored significantly higher than males at both the pretest ($\underline{p} < .0001$) and the posttest ($\underline{p} < .005$).

TABLE 5

Average Percent-Correct Scores by Sex:
English 10-12 Program

SEX	TEST SESSION Pretest	 Posttest
Male	72.0	74.4
Female	81.1	86.0

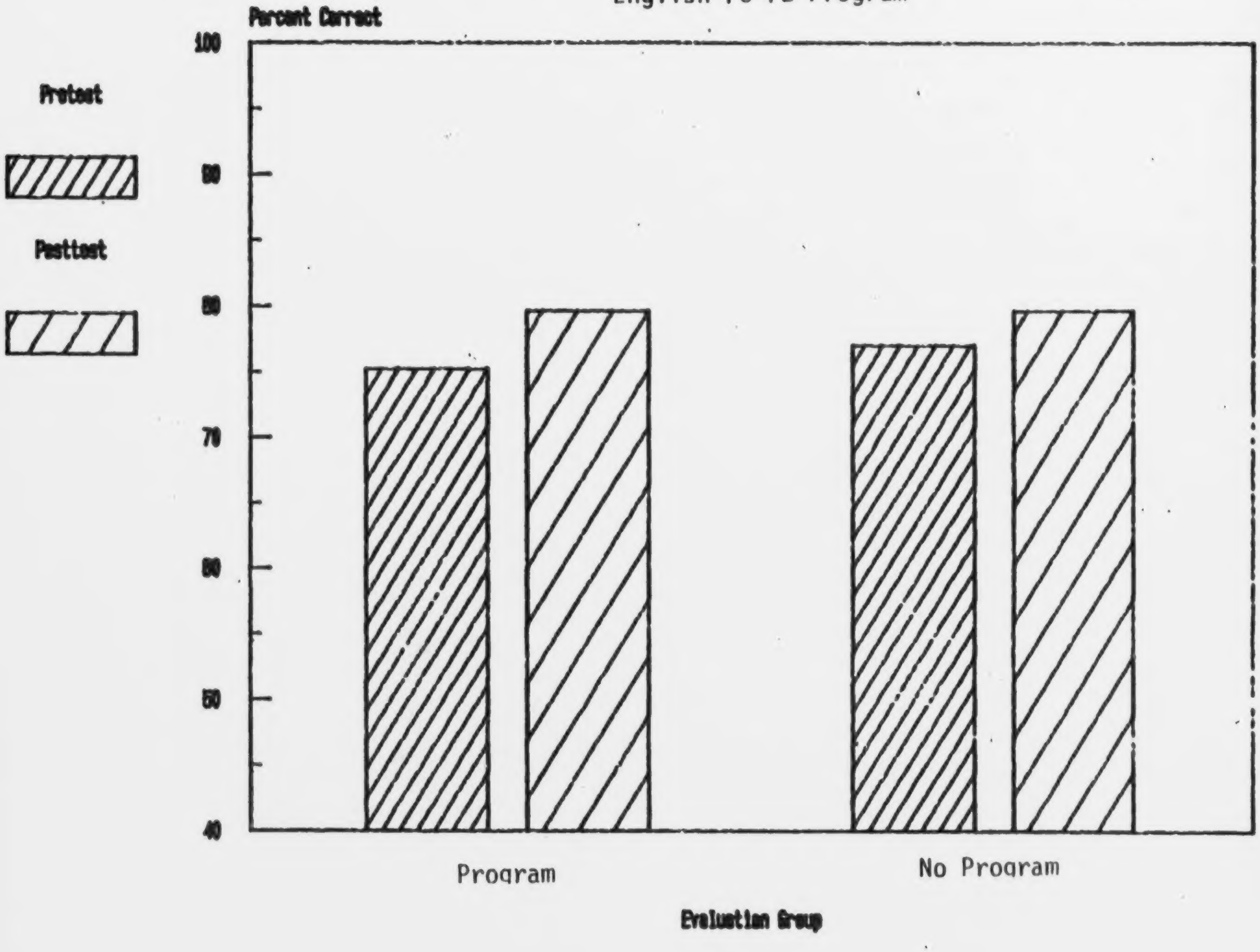
Generally, Test A yielded higher scores than Test B. Pretest scores of students who had Test A at pretest were significantly higher than pretest scores of students given Test B (80.0 vs. 73.6, $\underline{p} < .001$). Also, at the posttest, Test A yielded significantly higher scores than Test B (81.1 vs. 77.4, $\underline{p} < .01$).

There were no significant differences between grades in scores on either the pretest or the posttest.

FIGURE 6

Average Test Scores by Group

English 10-12 Program



RESULTS FOR TEACHERS AND PRESENTERS

Average reported agreement with WHO premises (calculated from ratings of agreement for 11 statements on the teacher/presenter questionnaire) before and after experience with the WHO program are presented in table 6 for each curriculum version.

TABLE 6

Teachers' and Presenters' Average Agreement Ratings*

GROUP	TEST SESSION Before Program	 After Program
English Version	4.1	4.0
Spanish Version	4.0	3.8

*Scale: 5 = strongly agree, 4 = agree, 3 = uncertain,
2 = disagree, 1 = strongly disagree

It is apparent from the table that respondents' levels of knowledge about child victimization and its prevention were, in general, moderately high both before and after exposure to the program: for each time period average reported opinion was in agreement with WHO premises. For each curriculum group, average agreement after exposure to the program was slightly lower than reported agreement prior to program experience; the decreases in agreement were each very small, but they were statistically significant ($p < .05$).

It is possible that confusion caused by the questionnaire format rather than a true change in opinion was responsible for this peculiar result. Specifically, the format required the respondent to note his/her opinions before the program in a column to the right of the statements and extent of agreement after the program in a column to the left of the items (see Appendix K). It is conceivable that some respondents confused the two columns, recording their opinions before the program on the left and agreement levels after program experience on the right. An any rate, it should be emphasized that the degrees of reported opinion change were very small, and therefore most likely not of practical importance.

The questionnaire for teachers and presenters for program group classes included an item that asked whether the respondent experienced an increase in children's reporting of abuse after the WHO presentation. Of the 23 adults associated with the program groups for the English version, 1 (4 percent) responded positively to this item. Of the 7 respondents associated with Spanish program groups, 2 (29 percent) indicated an increase in children's reports of abuse.

SUMMARY AND CONCLUSIONS

Children

Results of the evaluation indicate that the WHO presentations enhanced young children's potential for avoiding victimization. However, evidence for a positive impact on older children did not emerge.

Children who experienced the English K-3 and 4-6 programs showed significant gains in knowledge about victimization and strategies for avoiding it. A positive impact was also observed for the Spanish K-3 program, but only for first grade children; test scores of third graders were not significantly affected by the program. No effect was observed for the Spanish 4-6 program, perhaps because of a relatively small sample. Also, the sample data for the 7-9 and 10-12 programs did not demonstrate a positive impact.

It should be emphasized that a lack of a statistically significant effect for a program means that the **sample data do not show** that the program affected the population of children. It does not necessarily imply that the program actually had no effect. Other interpretations are equally plausible. One--insufficient sample size for observable program effect--was cited in the discussion of the results for the Spanish 4-6 program. Others include (1) a sample that does not adequately represent the population of children and (2) failure of the test instruments to accurately index program effects. The latter is an intuitively plausible explanation for the lack of observed effect of the 7-9 and 10-12 programs. That is, a brief test, with absolute "right" and "wrong" answers, may not be a valid measure of the particular kind of knowledge that the WHO program is purported to affect in older children. A multiple-item attitude inventory, in which the child expresses extent of agreement or disagreement with statements relevant to WHO program content, may be a more valid and sensitive measure of knowledge of these programs' subject matter.

Teachers and Presenters

Several of the respondents to the teacher/presenter questionnaire reported that they personally experienced an increase in children's reporting of abuse after the WHO presentations. However, the data on teachers' and presenters' knowledge about child victimization did not indicate a positive effect of the WHO curricula. Their reported extent of agreement with WHO premises indicated a moderately high level of knowledge both before and after experience with the WHO curriculum. There was a very small decrease in average extent of agreement after exposure to the programs, possibly due to confusion caused by the questionnaire format.

LIMITATIONS

The evaluation is subject to several limitations. First, as a result of the deletion of items from the 10-12 tests for Brownwood, several concepts covered in the English 10-12 program were not tapped in a substantial subset of the tests. Therefore, the extent to which the 10-12 sample data are interpretable as representing knowledge about program concepts is limited.

The sample selection and assignment of classes to treatment and comparison groups were constrained to varying extents by schedules for program presentations, cooperation of school and district administrators, and other pragmatic considerations. Consequently, treatment and comparison groups may not be directly comparable, and results may be attributable to differences between groups on variables other than exposure to the program.

Program effects were measured in three areas of Texas, each having particular community characteristics. Also, the previously mentioned constraints on sampling restricted the age ranges, schools, and sometimes school districts that were represented in the samples. Consequently, care should be taken in generalizing sample results to dissimilar populations.

Finally, it is important to note that it was not possible to assess differences in project impact as a function of project site, language of presentation, or program, since each of these variables was confounded with the specific program content, assessment instruments, and/or important sample characteristics.

5

Conclusions

SECTION CONTENTS

FULFILLMENT OF PROJECT OBJECTIVES 5-1

- WHO Program in Public Schools (Objective 4) 5-1
- State-Local Cooperation (Objective 1) 5-1
- Spanish-Language WHO Curriculum (Objective 3) 5-1
- Program Delivered by Volunteers (Objective 2) 5-2

CONTINUATION OF THE WHO PROGRAM 5-2

EVALUATION RESULTS 5-2

FULFILLMENT OF PROJECT OBJECTIVES

The Children's Antivictimization Education (CAVE) Project successfully met the four objectives established at the beginning of the demonstration.

WHO PROGRAM IN PUBLIC SCHOOLS (OBJECTIVE 4)

The Texas Department of Human Services (DHS) through a contract with the Dallas Mental Health Association (MHA) provided abuse prevention information to over 48,600 children in schools located in the three project sites--18,000 students more than were originally targeted. This accomplishment was due to the energy and diligent work of the site facilitators, the local task groups, and all of the WHO curriculum presenters. All of these individuals volunteered their time and support to this endeavor.

STATE-LOCAL COOPERATION (OBJECTIVE 1)

The CAVE Project, through the CAVE steering committee and the local task groups, developed an effective and efficient framework for coordination and cooperation among community groups, local school officials, and interested individuals to develop and implement the WHO program. These entities worked together to identify and target schools, recruit and train presenters, schedule presentations, collect evaluation data, and complete many other tasks.

Local task groups were successful in creating community awareness and developing support for the need to have antivictimization education presented to their children. This awareness was created by holding numerous information meetings with community groups and school officials at which the WHO program was reviewed and discussed.

SPANISH-LANGUAGE WHO CURRICULUM (OBJECTIVE 3)

MHA was successful in developing a bilingual/bicultural version of the WHO curriculum for Spanish-speaking children in grades K-6. The curriculum was presented to approximately 1,800 children in six schools in the El Paso area. The bilingual WHO presentation will be made available to other states with large Spanish-speaking populations.

PROGRAM DELIVERED BY VOLUNTEERS (OBJECTIVE 2)

The CAVE Project proved to be a cost-effective method for providing antivictimization education to children. The only major expenditures for the program were for the initial purchase of the videotapes, puppets, and other materials needed for the WHO presentations and the cost of printing. All of the work was done by community volunteers and/or school personnel.

CONTINUATION OF THE WHO PROGRAM

The overall effectiveness and low cost of presenting the WHO program and the dedication of the volunteers in the local schools were the major factors for successfully institionalizing the WHO program in the three local project sites. All three sites have contracted with MHA to continue the WHO program in their schools during the 1986-87 school year. This result demonstrates that the CAVE Project concept can be used as a framework for statewide implementation of a children's antivictimization education program.

EVALUATION RESULTS

The results of the impact evaluation of the CAVE Project indicated that overall the WHO presentations enhanced young children's potential for avoiding victimization. Specifically, children in grades K-6 who received the English WHO presentation and those who received the Spanish K-3 program showed significant improvement in their knowledge about victimization and strategies for avoiding it.

No program impact was found for the Spanish 4-6 program or in the English programs for grades 7 through 12.

Several of the teachers and presenters reported an increase in children's reporting of abuse after the WHO program presentations.

APPENDIX A

Map of Project Areas

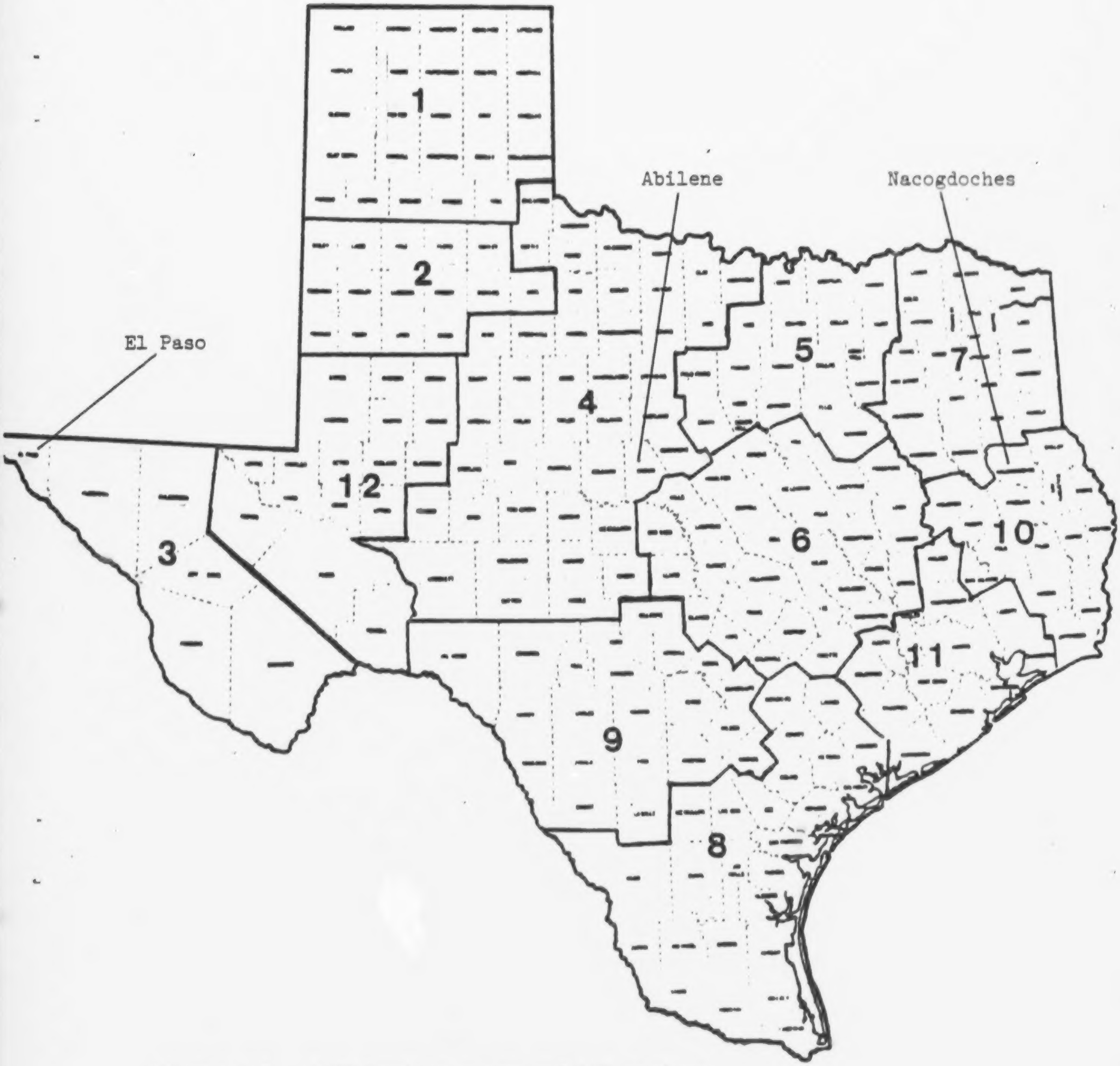

Abilene
Nacogdoches
El Paso
1
2
3
4
5
6
7
8
9
10
11
12

Figure A-1. CAVE Project areas and DHR regions

APPENDIX B

Monthly Site Report
CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Monthly Site Report: Instructions

A. Fill in the project site (El Paso, Abilene, or Nacogdoches), month covered by the report, reporter's name, and reporter's role in the CAVE project (e.g., site facilitator).

B. 1. Indicate the number of meetings about CAVE that were held with community members during the reporting period. Under "Participants" list the organizations represented at these meetings and, when appropriate, the professional titles of significant individual participants (e.g., Chief of Police, Mayor).

2. List the names of organizations and professional titles of individuals that were contacted about CAVE during the reporting period.

3. Name the individuals (by professional title) and organizations that promised or provided support for the CAVE project during the reporting period, and for each describe the support in detail. Some examples of support descriptions are $500, loan of videotape equipment, recruiting volunteer presenters, and assistance in getting support from Big Brothers of Abilene. Write the description under "Commitment" if the support was pledged during the reporting period; enter it under "Contribution" if it was delivered during that time.

C. Specify the number of volunteers that completed training for WHO presentations during the reporting period, and the number of new volunteers that were recruited during the reporting period.

D. Specify the total number of people who made WHO presentations in CAVE project schools during the reporting period. Then, list the schools where the WHO program was presented during that month. For each school separately, specify all grades (e.g. K, 5) that received the program, estimate the total number of children that attended the WHO presentations, and enter the number of presenters that made presentations at that school.

E. Describe issues or problems that hindered progress on the CAVE project during the reporting period, and the steps taken to resolve them.

ATTACHMENT 2

Reporting Guidelines

1. Provide a monthly activity report to MHA. This report should include

   o A cover memo that provides overall perspectives, problems, issues, project general status, community or group reactions, and/or additional activities or information.

   o Minutes of the task group

   o Copies of articles, announcements or other general information from newspapers, magazines, flyers, handouts, relevant to the CAVE Project

   o Data collection form (see attached)

   o A site budget report in a format and time frame prescribed by MHA

2. Reports should be received by MHA staff during the first week of the month following the reporting period. The first report is due the first week of October.

3. Initially, two reports should be prepared. The first data collection form should include cumulative information from the first month of operation through August. This may be by month or a summary. (Additional sheets may be used.) A second data collection report will include information for the month of September. All future reports will be monthly.

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Monthly Site Report

A. Project Site ____________________ Reporter's Name ____________________

Reporting Period (month) ________ Reporter's Role ____________________

B. Community Support

1. Meetings

Number ____________

Participants ____

2. Contacts ____

3. Commitments and Contributions

Source	Commitment	Contribution

C. Volunteers

Number trained __________ Number recruited ________

D. Presentations

Total presenters __________

School	Grades	Number of Children Reached	Number of Presenters

E. Significant Problems and Resolutions

____

D.

WHO Statistics

MONTH___________

School & Dist.	K-3 Presentations students#	4-6 students#	7-9 Presentations students#	10-12 students	TOTAL: presentations#	students#
TOTAL						

TOTAL number of presenters___________

TOTAL number of volunteer hours___________

TOTAL number of staff hours___________

PLEASE INDICATE BILINGUAL PRESENTATIONS BY A SEPARATE ENTRY. IT IS IMPORTANT TO DIFFERENTIATE BILINGUAL PRESENTATIONS, EVEN AT THE SAME SCHOOL AND THE SAME GRADE LEVEL.

REMARKS

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Monthly Site Report

A. Project Site ____________ Reporter's Name ____________

Reporting Period (month) ________ Reporter's Role ____________

B. Community Support

1. Meetings

Number ________

Participants ____________

2. Contacts ____________

3. Commitments and Contributions

Source	Commitment	Contribution

C. Volunteers

Number trained ________ Number recruited ________

D. Presentations

Total presenters ________

School	Grades	Number of Children Reached	Number of Presenters

E. Significant Problems and Resolutions

____

BEST COPY AVAILABLE

Children's Antivictimization Education Project

Reporting Guidelines

Mental Health Association

o Provide monthly report of project activities to Project Specialist. Current format may be used. Report should include sufficient detail to ensure objectives are being met. (in progress)

o Provide monthly report on in kind expenditures by salaries, fringe, and overhead. The first report should estimate cumulative expenditures from October through current reporting month. (time frame -- begin September 1, 1985)

o Forward site reports, minutes, and any other documentation provided by the site staff. (in progress)

o Forward data collection instruments from site staff. (time frame -- begin September 1, 1985)

Site Staff

o Develop and forward copy of site workplan that includes steps for accomplishing the objectives of the project. Should include sufficient detail to determine what will be done, who is responsible, and a time frame for accomplishing each step. This workplan then becomes the basis of the site's report of accomplishments, problems, and the resolution of problems. The workplan must be approved by MHA and the Project Specialist. The workplan may be modified or amended during the project year upon approval from MHA staff and the Project Specialist. (time frame - due end of August.)

o Provide a monthly activity report to MHA. This report may consist of the minutes of the task group with a cover memo including additional activities, overall perspectives, problems, issues, project general status, and/or community or group reactions. (time frame - begin September 1, 1985)

o Provide copies of articles or announcements from newspapers, magazines, flyers, brochures, etc. relevant to the CAVE Project. (time frame -- begin September 1, 1985)

o Prepare and forward data collection instruments to MHA staff. (time frame -- begin September 1, 1985)

o A monthly site budget report should be forwarded to MHA staff in a format prescribed by MHA.

All site monthly reports should be received by MHA staff during the first week of the month following the reporting period.

Texas Department
of Human Resources

Form
July

APPENDIX C

CONTRACT

Contract with Dallas
Mental Health Association

Contract No. SOA-01-213

The Texas Department of Human Resources, hereinafter referred to as the Department, and Mental Health Association of Dallas County hereinafter referred to as the Contractor, do hereby make and enter into this contract, which constitutes the entire agreement under the above number between the Contractor and the Department.

I.

The Department is the single Texas state agency responsible for administering child welfare programs Federal law and regulations, as well as State law in Chapter 22, Human Resources Code, permit the Department, subject to certain limitations, to enter into agreements with public or private agencies for the purpose of providing child welfare services for the benefit of eligible individuals. Since the Contractor desires to provide such services as described herein, the Department and the Contractor make this contract for the mutual considerations set forth below:

II.

The parties hereto mutually agree:

A. The scope and coverage of the services to be provided by the Contractor and/or subcontract agency(ies) under this contract, the program description and budget for these services as well as other components as may be necessary, are described and limited in the attached Plan(s) of Operation, which is (are) hereby incorporated in this contract in its (their) entirety by specific reference. The Plan(s) will be maintained on file with the Department as a part of this contract. Any change, modification, or amendment to, or renewal of, such Plan(s) is not effective until approved in writing by the Department. Such original Plan(s) of Operation together with any approved amendment as maintained on file by the Department will be considered to be the controlling instrument in case any dispute arises relative to the wording of any portion of such Plan(s) of Operation or amendment thereto.

B. The basis for payment for services rendered under this contract is indicated in the attached Plan(s) of Operation.

C. For cost reimbursement contracts only:

1. Shifts between line items of a budget will be allowed without prior approval when (a) such transfers do not result in a cummulative increase or decrease in any budget item of more than two percent (2%) of the total budget. Such shifts must be described and reported promptly by letter; (b) such transfers, regardless of the amount, do not result in a significant change in the character or scope of the program.

2. Lack of prior approval for budget shifts in excess of 2% will be grounds for recovery of such unapproved payments and/or termination of this contract at the option of the Department.

3. In no case will the Department be obligated to pay in excess of the Contractor's allowable actual cost.

D. This contract is subject to the availability of State and/or Federal funds and if such funds become unavailable, or if the total amount of funds allocated hereunder should become depleted during any budget period and the Department is unable to obtain additional funds for such purpose, then this contract will be terminated.

E. In the event that the Contractor fails to provide services in accordance with the approved Plan(s) of Operation in accordance with the provisions of this contract, the Department may, upon written notice of default to the Contractor, terminate the whole or any part to this contract, and such termination shall not be an exclusive remedy but shall be in addition to any other rights and remedies provided by law or under this contract.

F. Furthermore, in the event that Federal or State laws or other requirements should be amended or judicially interpreted so as to render continued fulfillment of this contract, on the part of either party, substantially unreasonable or impossible, or if the parties should be unable to agree to any amendment which would therefore be needed to enable substantial continuation of the services contemplated herein, then, and in that event, the parties shall be discharged from any further obligations created under the terms of this contract, except for the equitable settlement of the respective accrued interests or obligations incurred up to the date of termination.

G. This contract may be cancelled by mutual consent; however, if such mutual consent cannot be attained, then and in that event, either party to this contract may consider it to be cancelled by the giving of thirty (30) days notice in writing to the other party and this contract shall thereupon be cancelled upon the expiration of such thirty (30) period. Nothing in this paragraph shall be construed to prohibit immediate cancellations for breach of contract pursuant to paragraph E. above.

H. Payments may be made by the Department to the Contractor only after provision of services on the part of the Contractor.

Performance under this contract shall begin DECEMBER 1

19 84 and shall continue through February 28, 19 86, subject to the availability of appropriated funds.

III.

The Contractor agrees to, and will require its subcontractors, if any, to agree to:

A. Provide services in accordance with the aforementioned Plan(s) of Operation and allow the Department to monitor same.

B. Provide services in compliance with applicable Federal regulations found in Chapter II, Title 45 of Code of Federal Regulations, as amended.

C. Provide to the Department, in accordance with the procedures prescribed by the Department, a verified and proper monthly statement of charges, for services which have been rendered under this contract. Such billing, and statistical documentation shall be presented promptly.

D. Comply with the Federal Civil Rights Act of 1964, as amended, and TEX. REV. CIV. STAT. ANN., art. 6252-16, as amended, Executive Order No. 11246 entitled "Equal Employment Opportunity" as supplemented in 41 C.F.R. Part 60, including but not limited to, giving equal opportunity both to those seeking employment and those seeking services without regard to race, color, religion, sex, or national origin. The Contractor further agrees not to discriminate on the basis of handicap against any qualified person seeking employment or services.

E. Establish a method to secure the confidentiality of records and other information relating to clients.

F. Observe regulations as specified by the Department as they relate to particular programs of service contemplated under this contract.

G. Comply with appropriate State licensing or certification requirements and with such standards as may be prescribed by the Secretary of the United States Department of Health, Education, and Welfare.

H. Participate fully in any evaluation study of this program authorized by the Department.

I. Maintain and retain case information concerning these eligible individuals who received services, records of other activity performed under this agreement, and supporting fiscal documents to ensure that claims for Department payment are in accord with applicable Federal and State requirements. These records will be available to Department staff or their representatives upon reasonable request for purposes of monitoring, auditing, or evaluating. Such records shall be retained for a period of three years after the date of submission of the final billing or until the resolution of all audit questions, whichever period is longer.

J. Promptly report any suspected case of abuse or neglect to the appropriate child welfare unit.

K. Be responsible for any audit exception which is found to exist after auditing by the United States Department of Health and Human Services or the Texas Department of Human Resources, and to reimburse the Department for any amount paid in excess of the proper billing amount.

L. Refrain from entering into any sub-contracts for services without prior written approval from the Department.

IV.

The Department agrees to:

A. Pay the Contractor for each service which has been rendered in accordance with the terms of this contract and its attached Plan(s) of Operation, upon receipt of a proper and verified statement after deducting therefrom any previous overpayment made by the Department. Total payments during the term of this contract shall not exceed those detailed in the attached plan of operation.

V.

The following instruments are attached hereto and incorporated herein:

A. Plan(s) of Operation of the Contractor and subcontractor(s).

For the faithful performance of the terms of this contract, the parties hereto in their capacities as stated, affix their signatures and bind themselves effective the

1st day of December, 19 84.

TEXAS DEPARTMENT OF HUMAN RESOURCES

Signature Date

Commissioner
Title

Mental Health Association of Dallas Cou
Contractor Name

Signature 11-1
D

Executive Director
Title

REVIEWED BY LEGAL DIVISION

PLAN OF OPERATION

I. Needs Statement

The long-range goal of the Children's Antivictimization Education Project is to educate all schoolage children in Texas in protecting themselves against abuse or if they are already victims, educate them in knowing how to get help. Recognizing that the well-being of the public is best promoted by individuals and families and the communities in which they live, and that social services needs are best defined and addressed by institutions at the state and local level, the project proposes to demonstrate a model of primary prevention of child abuse through the coordination and collaboration of the public child protective services agency, a nonprofit voluntary agency, Parent Teachers Associations (PTA), and the coalition for child abuse prevention working to involve the public schools in child abuse prevention. Project objectives are to (1) develop a framework for state and local coordination and coalition building with public and nonprofit agencies and institutions and individual volunteers to provide equity of service using limited financial resources; (2) demonstrate a volunteer-delivered model of antivictimization education for children in geographically isolated areas that reflects cultural and language differences; (3) develop the WHO (We Help Ourselves) curriculum in the Spanish Language for grades 4-12; and (4) to provide antivictimization education to the public schools in at least 3 of the 18 PTA districts.

Child abuse and neglect literature and surveys consistently show increasing child abuse reporting. A nationwide survey by the National Committee for Prevention of Child Abuse indicated that 45 of the 50 states reported an increase in child abuse in 1983. An increase in severity of abuse was reported by 38 states including an increase in number of deaths. The number of instances of child abuse and neglect confirmed by Texas child protective services staff increased from 33,511 (calendar year 1982) to 35,584 (calendar year 1983). Speculation as to causes for the increased reporting are greater public awareness, less tolerance of violence, and economic pressures.

Society generally responds to child abuse after the fact with remedial services. Efforts are focused usually on secondary (at-risk populations) and tertiary (preventing further abuse) prevention. Primary prevention (efforts aimed at influencing behavior before abuse occurs) has generally been considered a costly, unaffordable luxury that would divert funds from critical treatment efforts. If the tide of damaged children and dysfunctional families is to be stemmed, prevention must be the primary focus. Traditional methods and resources are no longer sufficient. Effective prevention programs must have broad community support and institutionalization within major community systems.

Programs that help to protect children against abuse have been developed as primary prevention initiatives. The public schools touch the majority of families with schoolage children and is the most appropriate place to provide antivictimization education. Introducing volunteer-delivered, antivictimization education programs requires the active involvement of community people (lay and professional) and community organizations. The PTAs working with child protective agencies are the logical vehicles for accessing the schools and for mobilizing community efforts in educational prevention programs for children.

Many antivictimization English language educational programs have been developed and implemented in large metropolitan districts or adjacent school districts. In Texas 50 percent of the population reside in 8 of the 254 counties, and 80 percent of the population reside in 53 counties. Rural and geographically isolated areas have many small independently functioning school districts. These areas generally have fewer nonprofit agencies, fewer nonmandatory subjects in the school curriculum, and less funds for expansion and adding "extras." In rural and geographically isolated areas, organizational and educational efforts are required with many school districts and school boards.

In 1979, 17.1 percent of the Texas population was Spanish speaking or bilingual. Consequently, there is a population of schoolage children for which there is no antivictimization curriculum. The problem of equitably providing services with limited financial resources to all children regardless of where they live and the language they speak is addressed by the Children's Antivictimization Education Project.

II. Description of Services

DHR is the state agency responsible for providing protective services to children. One component of DHR's primary prevention initiative is developing and implementing volunteer-delivered, antivictimization education programs in the public schools. In 1981, DHR contracted with the Mental Health Association (MHA) of Dallas county to develop and implement an antivictimization education program. The MHA piloted a volunteer-delivered, antivictimization curriculum in English for grades K-12. The curriculum, WHO (We Help Ourselves), teaches children and adolescents how to avoid victimization at home, at school, and in the community. It is designed to be used by volunteers, includes volunteer orientation, and provides informational meetings for parents, teachers, etc.

The WHO curriculum has been implemented in 15 Texas counties and three states in metropolitan areas and adjacent counties or towns. It has not been implemented in rural and geographically isolated areas. A videotape for K-3 has been developed in Spanish. No other materials for K-3 have been developed in Spanish nor have any Spanish language materials been develope for 4-12.

To address the problems of limited funds for primary prevention, lack of resources in rural and geographically isolated areas, and need for Spanish language materials, the following are the contract objectives: develop a framework for state and local coordination and coalition building with public and nonprofit agencies and institutions and individual volunteers to provide equity of service using limited financial resources; demonstrate a model of volunteer-delivered, antivictimization education for children in geographically isolated areas that reflects cultural and language differences; develop the WHO curriculum in the Spanish language for grades 4-12; and to provide antivictimization education to children in the public schools in 3 of 18 PTA districts.

MHA will employ a service coordinator to implement this project in conjunction with DHR, Texas PTA, and Texas Coalition for the Prevention of Child Abuse (TCPCA). This project will develop a collaborative framework on the state level among DHR, PTA, TCPCA, and MHA through the establishment of a steering committee. The steering committee (selected by DHR in consultation with MHA) will have representation from DHR, PTA, TCPCA, and MHA and will meet at least quarterly and more frequently as required. The steering committee and the service coordinator will select three sites for delivering the WHO curriculum. Criteria for site selection will be less than 100,000 population or geographically isolated, not more than one site in any DHR region, not more than one site in any PTA district, located where PTA has strong volunteer support, located where TCPCA is active, and at least one site where the majority of the children are Spanish speaking or bilingual.

Each site will be a PTA district. The 254 counties in Texas are divided into 18 PTA districts. Projections for 1985-86 are for 3,251,390 schoolage children in 5,100 schools in 1,099 school districts in 18 PTA districts. Consequently, each site will include several school districts. After sites selection, the steering committee working through the local PTA and DHR regional child protective services and volunteer specialist staff will establish local task groups in each of the site school districts. The task groups will have local representation from DHR, PTA, TCPCA, schools, and other community segments such as corporate, medical, and legal. After selection, the task groups will meet at least monthly and more frequently as required. The task groups guided by the steering committee and the service coordinator will be responsible for developing an implementation plan for each site that includes developing community support; recruiting volunteers; accessing the schools for curriculum delivery; identifying curriculum modification needs based on local culture, attitudes, and experiences; and developing a plan for ensuring the institutionalization of the project in the school system.

The service coordinator will be responsible for volunteer selection, orientation, supervision, and evaluation. Local volunteers will deliver the curriculum and hold informational meetings.

MHA will develop and pilot the Spanish language WHO curriculum in at least one project site.

Major tasks and activities include participation in selection of the steering committee, sites, and in establishing local task groups; recruiting, screening and training volunteers; developing and delivering English and bilingual language curriculum; holding informational meetings; and participating in evaluation, compliance, dissemination, and utilization activities.

MHA will develop and/or provide written individual site plans; monthly and/or quarterly reports as required by DHR; Spanish language curriculum; and participate in preliminary and final evaluation reports.

Throughout this contract, Spanish language curriculum refers to bilingual curriculum.

III. Provider Information

MHA is an organization of interested, informed, and active volunteer citizens working toward efficient and effective mental health services, prevention of mental and emotional illness, and promotion of mental health. MHA provides the focal point for individuals and organizations to consciously identify and assess community mental health needs and actively promotes improvement through citizen action. Cecile Bonte, executive director, has extensive experience in administration and management. JoAnn Henderson-Martens, program director, had primary responsibility for the development of the WHO curriculum. Martens, experienced in curriculum development and bilingually educated, will supervise the coordinator employed under this contract.

IV. Other Agreements

DHR grants to the contractor the right to copyright, reproduce and disseminate any materials developed and/or produced as a result of this contract. Contractor agrees that DHR maintains the right to reproduce and disseminate for internal use only any materials developed and/or produced as a result of this contract.

DHR REIMBURSABLE

Mental Health Association of Dallas County
Contractual

Salaries:			
100% Service coordinator	$ 30,970		
50% Secretary	11,557	$ 42,527	
Fringe:			
16% of salaries		$ 6,804	
Travel:			
One-day trip by service coordinator from Dallas to Austin, air fare and per diem--$95 per trip	$ 95		
Five two-day trips by service coordinator to each of the three sites (to be determined—estimated 5 x $210 = $1,050; 5 x $180 = $900; 5 x $220 = $1,100), includes air fare and per diem	3,050		
One two-day trip by project site facilitators from each of the three sites (to be determined--$210 + $180 + $220), includes air fare and per diem	610	$ 3,755	
Curriculum development/audiovisual production/curriculum training materials: includes materials for 3 sites at approximately $3,000 per site for approximately 30,000 children		$ 20,369	
Total			$ 73,455

Funding for this project is from the FY 1984 federal discretionary grant funds program for child abuse and neglect prevention and treatment demonstration projects.

MHA In-Kind Contributions

Salaries:			
5% Executive director	$ 2,692		
15% Program director	6,800		
10% Bookkeeper	3,259		
		$ 12,751	
Fringe:			
16% of salaries		$ 2,040	
Overhead		$ 2,900	
Office equipment and supplies			
Typewriter	$ 1,800		
2 desks at $500 each	1,000		
2 chairs at $200 each	400		
Telephone & installation	700		
Xerox usage & supplies	510		
Office supplies	800		
		$ 5,210	
Total			$ 22,901

Texas Department
of Human Resources

Form [illegible]

INFORMATION SHEET
CONTRACT

Region No	Contract No
SO	SOA-01-213

SECTION 1 PRIME CONTRACTOR DATA

Legal Name of Agency: Mental Health Association of Dallas County
Commonly Used Name (if different): MHA

Type of Contractor (check one): ☐ Public ☒ Private Non-Profit ☐ Individual
Charter No:
Vendor ID No.: 17509999359000

Office Address: 2500 Maple Ave., Dallas, TX. 75201
Telephone No: 214/748-7825

Facility Address (if different from Office Address):

Contact Person Within the Agency: Cecile P. Bonte
Telephone No.: 214/748-7825

Person Authorized to Sign Contract: Cecile P. Bonte
Title: Executive Director

Name of DHR Contract Manager: Melodye Fleming
Title: Contract Mgmt. Specialist
Telephone No.: 512/450-3289

Name of DHR Program Liaison (if different): Diane Scott
Title: Program Specialist
Telephone No.: 512/450-3306

SECTION II - SUMMARY OF PAYMENT

1. Effective Dates of Contract .... 12/1/84 thru 2/28/86

2. Control Total (Maximum Payment) $73,455.00

3. Basis of Payment (check one)

☐ Fixed Rate .... $_______ per _______ ; $_______ per _______

☒ Cost Reimbursement as Per Budget

☐ Fixed Fee .... $_______

4. Additional Funds Expended in This Project (Title XX, AFDC Foster Care, etc. – enter type and approx. amount of other funding)

SECTION III - SERVICES

1. Program Type

☐ Adoption
☐ Consultation
☐ Camping
☐ Emergency Shelter
☐ Training
☐ Group Home for Adolescents
☒ Development of Community or Parent Groups – Volunteer Program
☐ Psychiatric and Psychological Exams
☐ Other: _______

2. Client Services

Do clients receive direct services from contractor? .... ☐ Yes ☒ No

If yes: -Total Number of Clients Expected to be Served. .... Per Month _______ ; Per Year _______

This Information Compiled By: (name)	Title	Date	Telephone No.
Melodye Fleming	Contract Management Specialist	11/15/84	512/450-3289

NOTE: USE BACK OF SHEET FOR COMMENTS

Mental Health Association of Dallas County

MINUTES

The first Steering Committee meeting of the Children's Antivictimization Education Project (CAVE) was on February 27, 1985 from 10:00 A.M. to 4:00 P.M. at the Mental Health Association headquarters, 2500 Maple Avenue, Dallas.

Present were:

Cecile P. Bonte	MHA Executive Director
JoAnn Martens	MHA WHO Program Director
Sylvia Orozco	MHA CAVE Coordinator
Delia Carrasco	MHA CAVE Secretary
Diane Scott	TDHR Program Specialist
Melodye Fleming	TDHR Contract Management
Susan Watkins	TDHR Alternate
Janie Fields	TPTA
Margaret Ann Fifer	PTA (Alternate for Mary Tippin, PTA)
Linda Ann Ruiz	TCPCA
Jackie Statman	TCPCA
Becky Windham	ORDE
Ann Adams	Guest and El Paso task force member

The meeting was called to order by CAVE Coordinator and Steering Committee chair, Sylvia Orozco.

Cecile Bonte, MHA Executive Director, welcomed those present. Brief introductions followed.

PRESENTATION OF MATERIALS

JoAnn Martens reviewed pertinent instructional materials related to the WHO program. Particular emphasis was placed on the Curriculum Guide, the goals, rationale and instructional objectives. It was pointed out that the program was based on sound learning principles and follow-up materials were part of the implementation of the program.

A packet, specific to the CAVE project,was distributed. The packet reviewed the key features of the project.

MHA will be responsible for developing a bilingual/bicultural program which will target the Hispanic population in the El Paso site, meeting the terms of the grant. This version will also be available to the Abilene and Nacogdoches sites as well. JoAnn Martens said that "the aim of the language use is to clearly communicate the concept of each situation seen in the videotapes in standard Spanish which is as free from accent, dialect, slang and regionalisms as possible." It was hoped that the project could then be replicated not only in Texas but in other parts of the country where Hispanic populations reside. Linda Ann Ruiz indicated that El Paso children might not understand standard Spanish. The group agreed that communication gaps would have to be filled by well trained, flexible and skillful presenters.

ROLES AND RESPONSIBILITIES

Steering Committee responsibilities were reviewed. They are:

- . establish local task groups
- . meet quarterly
- . provide information to their own organizations
- . participate in dissemination of project results
- . contribute to design of project evaluation
- . participate in site selection
- . review and comment on curriculum and media development

Diane Scott felt that Steering Committee members should be encouraged to attend local task site meetings in an effort to add support and strength to the project. Cecile Bonte said that the grant would not cover travel expenses for the Steering Committee members, but agreed that attendance should be encouraged.

Flow of information should be funneled through the CAVE Coordinator's office and then distributed to all interested parties. Becky Windham said she wanted to be sure she was on the list.

Task Force responsibilities include:

. meet monthly as ad hoc
. select task force facilitator
. develop site implementation plan
. develop community support
. recruit volunteers
. access schools
. identify curriculum modification needs
. ensure institutionalization of project

TASK FORCE ACTIVITY

It was reported that task force members from the selected sites have been calling Austin for more information about the project. It is imperative that the initial visits be scheduled for March or early April.

A discussion on access to schools followed. Suggestions were: giving workshops and in-services to teachers and counselors in August and talking to school curriculum directors. The possibility of tagging along with other existing child abuse awareness programs was considered as well. Local task group members will be urged to do a thorough assessment of existing programs and interest groups.

The need for identification of additional task force members was stressed.

Ann Adams said that she will be the site facilitator for El Paso. Cecile Bonte pointed out that the role of the site facilitator is a complex and demanding one and will require a great deal of time. Initially a volunteer may want to do it, but task groups should be thinking in terms of securing additional funds to hire a staff site facilitator as the project expands.

MHA pledged support to the local task groups relative to recruiting volunteers and accessing schools.

LANGUAGE AND CULTURAL ISSUES

JoAnn Martens reported on language and cultural issues. She said she was developing a paper highlighting the cross-cultural factors. She added that the curriculum would be ready in July with training of volunteers to begin in August. Much would depend on the skills of the presenters. Jo asked for local demographics from each site and said she was developing a needs assessment which would help her adapt the program to local areas. Demographics would also be provided to the Steering Committee. The suggestion of forming at each site a small sub-group to study and discuss cultural issues was made. All agreed such groups would be extremely helpful at all stages of the development of the program.

EVALUATION

The development of a pre and post test was discussed. Cecile Bonte felt that ultimately we would want to know if the children understood the information, changed attitudes because of the program and finally changed behavior. All agreed that was a tough assignment. Becky Windham promised assistance.

Other considerations to be included in the evaluation process were: demographics of project, effective methods of delivery and impediments to the project.

PROBLEM AREAS

Problem areas regarding additional funding, acceptance in schools and volunteer training was discussed. Approaches to implementation of the project could vary, i.e., utilization of a paid staff coordinator as opposed to a volunteer coordinator, a situation which could cause additional funding problems.

Also, it was emphasized that some sites may need to secure additional funding to meet specific needs such as VCR equipment, travel expenses, etc. Acceptance in schools could be accomplished if every effort was made to communicate with school administrators, parent groups and teachers at in-services. "Training would require 3 days instead of the usual 2 days," said Jo Martens.

FUTURE MEETINGS

The next meeting was set for Tuesday, May 28th.

Diane Scott said she felt the Steering Committee meeting should be restricted to Steering Committee members only. Invitations may be extended to others as needed. She said she thought if the Committee wished to change this policy, it should be a conscious decision. The Committee declined to change policy.

The meeting was adjourned.

Mental Health Association of Dallas County

MINUTES

The second Steering Committee meeting of the Children's Antivictimization Education Project (CAVE) was on May 28, 1985 from 10:30 A.M. to 4:00 P.M. at the Mental Health Association headquarters, 2500 Maple Avenue, Dallas.

Present were:

Cecile P. Bonte	MHA Executive Director
Sylvia Orozco	MHA CAVE Coordinator
Delia Carrasco	MHA CAVE Secretary
Diane Scott	TDHR Program Specialist
Susan Watkins	TDHR Alternate
David Brock	TDHR (Alternate for Melodye Fleming)
Janie Fields	TPTA
Margaret Ann Fifer	PTA (Alternate for Mary Tippin, PTA)
Linda Ann Ruiz	TCPCA
Jackie Statman	TCPCA
Becky Windham	ORDE

The meeting was called to order by CAVE Coordinator and Steering Committee chair, Sylvia Orozco. Brief introductions followed.

Membership of Steering Committee

Cecile Bonte felt that membership of the Steering Committee needed to be clarified. It was an issue that had been raised at the end of the Steering Committee meeting on February 27, 1985. After much discussion, Diane moved that we add two new members to the Steering Committee, one from Nacogdoches and one from Abilene. It was suggested that the representative to the Steering Committee be the site facilitator. Linda Ann Ruiz will be the member from El Paso.

David Brock expressed his concern whether the budget provides travel expenses for site coordinators. The Committee decided that the two new members are invited to attend the Steering Committee meetings, but are not required to attend as the grant does not provide travel funds. Mr. Brock also suggested that perhaps the Steering Committee could hold it's meeting at the other site. Most agreed Dallas was more centrally located.

The Steering Committe membership was clarified. Sylvia Orozco and Delia Carrasco are staff to the project; Cecile Bonte and JoAnn Martens are the two MHA representatives; TCPCA, TDHR and PTA have two representatives each; David Brock (Contract Management) and Becky Windham (Evaluation Specialist) from TDHR participate in an advisory capacity.

Task Force Activity

ABILENE

First initial meeting was held March 21, 1985. The agenda included a general overview of the WHO Program. The implementation plan included target population, volunteer recruitment, access of schools and preparation or budget. The last item on the agenda included task force meetings.

The site facilitator for Abilene will be Roulene Wagonseller. Abilene has held two task group meetings; April 8th and May 6th. The CAVE Service Coordinator has received minutes of these task group meetings.

Paul Lewis will handle the Abilene area and Cheryle Mathews will handle all activity from Brownwood. Abilene will target the high school level. (7th - 9th grade; 10th - 12th grade) The Brownwood area will target K-12th grade. (All four programs)

The Abilene area has conducted many community meetings. The have held meetings for Scurry County, Sterling City School Board, the Abilene PTA and the Foster Parent Association.

Diane Scott suggested that there is a need for clarification of who the CAVE project will serve. In Abilene the CAVE project only includes the Abilene I.S.D. and the subset of Brownwood. (Bangs and Early) Other communities outside of these areas should contact the MHA of Dallas County. This clarification must be made not only in Abilene but in the other CAVE sites. The Service Coordinator will inform all sites of this clarification.

In the Abilene area, Brownwood asked if the WHO videotapes could be transferred to 16mm film. The Service Coordinator and Program Director suggested that it would be an expensive process. Purchasing video equipment would serve the area better for future use. Diane Scott suggested that perhaps the Regional Education Center could be a resource to each of the CAVE sites, if video equipment was needed.

EL PASO
First initial meeting was held March 15, 1985. The site facilitator for El Paso will be Ann Adams. The CAVE project will include San Elizario, Clint, Socorro, Canutillo and Ysleta. The Ysleta and San Elizario school district will target 1st, 3rd, 5th, 7th and 9th grade. The El Paso I.S.D. will be a separate parallel program.

It is extremely essential that the CAVE materials be totally separate from the El Paso I.S.D. The grant only includes material for 10,000 children in the CAVE project site, so therefore, there must be a clear division between the two programs. Sharing and duplication of materials will not be allowed among the two programs.

Training for El Paso will be held August 21st and 22nd. If training is necessary in January for additional volunteers, an El Paso representative will train these volunteers. There will also be a need for on-going training. The WHO Program is a dynamic program and there are always new developments which need to be shared to all associate programs.

NACOGDOCHES
First initial meeting was held April 17, 1985. The agenda included the same format as the Abilene task force meeting.

The Child Safety Council will implement the WHO Program in Nacogdoches and the site facilitator for Abilene will be Bruce McNellie. Abilene has held a task group meeting on May 10, 1985, with another meeting scheduled for June 6, 1985. Training has been scheduled for August 27th and August 28th.

In Nacogdoches it was determined that coding of essential elements may be necessary for the WHO Program in the school district. The Dallas County Coordinator worked on the coding of essential elements. It was suggested that a cover statement be written by MHA, explaining the preparation of the coding. In particular, the consultation between TEA and MHA.

Logistic Problems Relative to Rural Areas

There will be two separate trainings in the Abilene area due to the large amount of volunteers in Abilene and Brownwood. Abilene is requesting September 5th and 6th for training of their volunteers. The Brownwood area is also requesting a separate training period for their 25 volunteers.

El Paso will also request two separate trainings.

Jo Martens originally requested three days of training in order to address the bicultural needs, however two days of training will fulfill the contract.

EVALUATION

Becky Windham reported that a meeting in order to discuss the evaluation plan was held on May 9, 1985. Those present at the meeting were: Sylvia Orozco - Service Coordinator, JoAnn Martens - Program Director, Becky Windham - ORDE, Clare-Marie Karat - ORDE and Kerry Washburn - ORDE.

Becky Windham explained that the goal of the project is to see how effective the project provides information and how practical are the aspects of child abuse prevention. The evaluation has been divided into a process component and impact component. The process component will consist of tracking the project process. This includes monitoring:

- o child and parental participation
- o number of volunteers recruited and oriented
- o number of PTA's agreeing to work with the project
- o the extent of involvement by members of TCPCA

The impact component consists of:

- o Does the CAVE Project significantly change children's knowledge and attitudes about victimization?
- o Are there sex, age and site differences in the effectiveness of the CAVE Project?
- o Does the CAVE Project significantly change teachers knowledge and attitudes about victimization of children?

The research design would be a pretest-posttest control group. The students would receive the test before the presentation of the WHO Program and then receive another test directly after the presentation. Teachers will also receive an evaluation form. There will also be a two-month follow-up assessment.

CURRICULUM

The Service Coordinator viewed the WHO tapes and explained how each situation would be developed for the CAVE Project.

OTHER BUSINESS

Cecile Bonte suggested that perhaps the CAVE Project should provide a brochure. A brochure developed in Houston was an example displayed.

Public Relations is highly recommened for the CAVE Project. Cecile Bonte explained that due to the many WHO Programs throughout the country many PR packets are distributed with our logo. This is direct violation of the copyright law. Cecile Bonte expressed the concern that if the materials are not well done, it is a reflection on the whole program. Permission must be granted through the MHA of Dallas County as part of quality assurance.

Cecile Bonte asked if it would be appropriate to ask for supplementary funds due to unexpected travel in rural areas. MHA will include much in-kind contribution, but at a certain point additional funds may be required. Supplementary funds will be provided by the local task group if needed.

Communication by documentation is essential to the CAVE Project. It is important that every site documents a work plan which includes:

- The school districts that the CAVE site will serve.
- The grade levels that will be targetted.
- The number of children per grade level that will be served.
- Who will be doing the delivery of the program and in which school districts will they serve in. (volunteers, teachers or both)
- The budget; in particular where will the materials be distributed among the districts.

FUTURE MEETINGS

The next meeting was set for August 12, 1985, 11:00 A.M. - 4:00 P.M. It was also suggested that the task force members meet with the Service Coordinator prior to the Steering Committee Meeting.

The meeting was adjourned.

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Mental Health Association of Dallas County

MINUTES

The third Steering Committee meeting of the Children's Antivictimization Education Project (CAVE) was held on August 12, 1985 from 11:00 A.M. to 3:00 P.M. at the Mental Health Association headquarters, 2500 Maple Avenue, Dallas.

Present were:

Cecile P. Bonte	MHA Executive Director
JoAnn Martens	MHA WHO Program Director
Sylvia Orozco	MHA CAVE Service Coordinator
Delia Carrasco	MHA CAVE Secretary
Barbara Middleton	MHA Dallas County WHO Coordinator
Diane Scott	TDHR Program Specialist
David Brock	TDHR Contract Management
Janie Fields	TPTA
Margaret Ann Fifer	PTA (Alternate for Mary Tippin, PTA)
Linda Ann Ruiz	TCPCA
Jackie Statman	TCPCA
Becky Windham	ORDE
Kerry Washburn	ORDE
Roulene Wagonseller	Program Site Facilitator (Abilene)

The meeting was called to order by CAVE Service Coordinator and Steering Committee chair, Sylvia Orozco. Brief introductions followed.

A task force meeting prior to the Steering Committee Meeting was held at 9:30 A.M. - 11:00 A.M. Those present at the meeting were: JoAnn Martens, Sylvia Orozco, Barbara Middleton, Margaret Ann Fifer, Linda Ann Ruiz and Roulene Wagonseller. Scheduling and training were discussed at the meeting.

Task Force Activity

ABILENE

Roulene Wagonseller, site facilitator for Abilene, was able to attend the 2nd Annual WHO Conference held in Dallas on July 25-26. It was reported that the conference was very informative and very helpful to her as a site facilitator.

Abilene's proposed budget includes Abilene and the Brownwood site.

In Abilene, the training session scheduled for September 5th and 6th has been postponed. This training session has been rescheduled for September 26th and 27th in order to accommodate Abilene school nurses.

Abilene is targeting the 7th - 9th grades. This has been cleared through the administration. Paul Lewis will be the site facilitator for the Abilene site.

The volunteers for the Abilene site will include PTA members, school nurses, and Rape Crisis volunteers.

Snyder, Texas is targeting the Kindergarten - 6th grade level.

Brownwood is requesting a separate training on September 16th - 17th. The project site is expecting many volunteers for this training session. (20-25)

Brownwood is targeting the Kindergarten - 12th grades. The task force group will ask businesses to pay for the printing costs of the K-3 poster and 4th - 12th grade folders.

NACOGDOCHES
In Nacogdoches, the training session is scheduled for August 27th and 28th.

Nacogdoches is targeting the Kindergarten - 12th grades.

Nacogdoches would like to incorporate the WHO Program through their Medical Center Hospital. JoAnn Martens explained that this type of model is being used in Dallas at Richardson Medical Center. The WHO Program will be used through Public Education classes in Preventative Health.

The volunteers for the Nacogdoches site will include teachers, retired teachers, and school nurses. The task force will approach sources of volunteers. (Mother's club)

The WHO Program will be presented in their school district through their Health classes.

The task group has formed a proposed budget, which will be forwarded to the Service Coordinator.

El Paso
In El Paso, the training session is scheduled for August 21st and 22nd for the five rural school districts. There will also be three separate trainings for the El Paso Independent School District on August 23rd and August 24th.

El Paso will target grades 1, 3, 5, 7 and 9.

Teachers, counselors and nurses will deliver the WHO Program in the Socorro, San Elizario, Clint and Canutillo school districts.

Margaret Ann Fifer reported that San Elizario school district enrollment numbers have been changed. Instead of 1,138 children there are a total of 315.

65 children in the 1st grade
65 children in the 3rd grade
65 children in the 5th grade
80 children in the 7th grade
40 children in the 9th grade

The Isleta school district will target the 1st, 3rd and 5th grades. The presenters in the school district will be volunteers. The initial training for these volunteers will be conducted by Larry Wright, TDHR. Mr. Wright will participate in the training workshop scheduled for August 21st and 22nd. October 1st - 2nd are the training dates for Isleta ISD volunteers.

Region 19 Educational Service Center will print the posters for the 1st and 3rd grades. Additional funding will come from organizations, businesses, local PTA's, PTO's and Booster Clubs.

The Service Coordinator suggested that perhaps El Paso may consider printing some of their materials in Spanish. Linda Ann Ruiz said that they would ask a Hispanic Community Group to donate the printing costs.

The superintendents in El Paso are supportive of the WHO Program. David Brock suggested that if there was a state wide organization of superintendents, that perhaps they could mention their involvement with the WHO Program to other superintendents.

Work Plan

Becky Windham explained that because the project has only a limited time to function, the Work Plan will provide a organized schedule of activities that can become a working guide for meeting the objectives of the project. It will also provide MHA and ORDE with a skeleton of the process of implementing the project.

Monthly Report

A monthly activity report will be provided by each project site. Each report should include:

- A cover memo that provides overall perspectives, problems, community or group reactions, and/or additional activities or information.
- Minutes of the task group meetings.
- Copies of articles, magazines, flyers, handouts, relevant to the CAVE Project.
- Data collection form.
- A site budget report in a format and time frame prescribed by MHA.

The first report is due the first week of October.

Initially, two reports should be prepared. The first report should include cumulative information from the first month of operation through August. A second report will include information for the month of September. All future reports will be monthly.

Evaluation

The evaluation of the CAVE Project will provide information on the process of establishing the project in the sites and the impact of the project at each site.

The process component will involve tracking each site's progress in implementing the CAVE Project.

The impact component will be an assessment of the benefits derived from the WHO Program by the children and their teachers.

Kerry Washburn reported that approximately 600 children will be needed for the evaluation. This total number will be distributed across the four program levels. Each child will be tested twice.

Each site will receive information needed for the CAVE Evaluation Plan. This information is needed in order to make the evaluation procedures as easy to execute as possible for site project staff, school personnel, children and presenters.

Diane Scott suggested that perhaps a cover letter could be written and given to teachers and volunteers, explaining the procedures and process.

Becky Windham will check with the Texas Education Agency regarding rules or regulations concerning the testing of children.

The El Paso site, in terms of the Evaluation, will only test the spanish version of the WHO Program. Abilene and Nacogdoches will test the english version of the WHO Program.

Other Business

An extension of the CAVE Project was discussed. Becky Windham explained the procedures of requesting an extension. She explained that if there is no extra cost involved then usually an extension is granted.

Sylvia Orozco explained the procedures of the videotape production prior to the committee viewing the new CAVE tapes.

Future Meetings

The next Steering Committee Meeting was set for November 5, 1985, 11:00 A.M. - 4:00 P.M.

The meeting was adjourned.

Mental Health Association of Dallas County

MINUTES

The fourth Steering Committee Meeting of the Children's Antivictimization Education Project (CAVE) was held on November 4, 1985 from 11:00 a.m. to 4:00 p.m. at the Mental Health Association headquarters, 2500 Maple Avenue, Dallas, Texas.

PRESENT WERE:

Cecile P. Bonte	MHA Executive Director
JoAnn Martens	MHA WHO Program Director
Sylvia Orozco	MHA CAVE Service Coordinator
Delia Carrasco	MHA CAVE Secretary
Susan Watkins	TDHS
David Brock	TDHS
Janie Fields	TPTA
Margaret Ann Fifer	PTA (Alternate for Mary Tippin, PTA)
Linda Ann Ruiz	TCPCA
Jackie Statman	TCPCA
Becky Windham	ORDE
Kerry Washburn	ORDE
Roulene Wagonseller	Program Site Facilitator (Abilene)

The meeting was called to order by CAVE Service Coordinator and Steering Committee chair, Sylvia Orozco.

A task force meeting prior to the Steering Committee Meeting was held at 9:30 a.m. - 11:00 a.m. Those present at the meeting were: Sylvia Orozco, Margaret Ann Fifer, Linda Ann Ruiz, Roulene Wagonseller, Kerry Washburn and Becky Windham. The evaluation progress was discussed along with the documentation of activities per site.

A meeting was scheduled with the Nacogdoches site facilitator November 5, 1985 to discuss site progress.

STRUCTURE

An organizational chart was developed and described by Cecile Bonte to show the flow of information between TDHS, MHA and the program sites. It was seen as imperative that all communication must flow through the Mental Health Association from all sites and TDHS in order for MHA to responsibly implement project facilitation.

It was also suggested that a similar organizational chart be developed per site. This would include the contact person who deals with scheduling, documentation and communication to the school district.

TASK FORCE ACTIVITY

ABILENE

Implementing the WHO program in the Abilene schools has been a difficult process. Abilene is seen as a conservative area which sometimes moves slowly and cautiously in embracing new projects which are to be implemented in the school district. (For example, the Touch program took one year to be implemented in the Abilene school district.) Notwithstanding these problems, the WHO program will also be presented to the 6th grade and high school students, as well as the originally scheduled 7th grades.

The Abilene budget was reviewed which reflected an unusual high cost of printing in Abilene. There is the possibility that Abilene will seek other printers perhaps in Brownwood. Additional funding will be provided by the Child Welfare Advisory Council. There will be some line item changes in terms of puppets and printing.

On March 10 there will be a training session for the Abilene school nurses. This will begin the process of institutionalization.

Abilene - continued

Bobbie Box, Student Development Coordinator for the Snyder Public Schools will coordinate the WHO program in Snyder. The school district will probably institutionalize the WHO program.

Martha Schultz and Denise Sommer are the coordinators for Brownwood. Their task force group will consist of PTA members and school teachers. Early and Bangs are also included in the Brownwood area.

To date the WHO program has been scheduled to be presented to approximately:

- **1,360 - Abilene I.S.D.**
- **3,767 - Brownwood I.S.D.**
- **2,000 - Bangs/Early I.S.D.**
- **3,724 - Snyder I.S.D.**

NACOGDOCHES

A representative was unable to meet with the Steering Committee but a brief meeting has been scheduled for November 5, 1985 with Bruce McNellie and Kent Chrisman.

Nacogdoches I.S.D. will target 5,230 students (K-12) in their school district. Other school districts and private schools will target a total number of 6,317 children receiving the WHO program in the Nacogdoches area.

EL PASO

As site facilitator of the CAVE project in El Paso, Ann Adams will handle any information regarding evaluation, including remaining schedule of El Paso I.S.D.

Although it seems impossible for the task force members to meet on a monthly basis, some task force members are contributing their efforts to the CAVE project by delivering materials and presenting the program to PTA's. The Service Coordinator suggested that the task force may consider meeting in the evenings rather than during the day.

The Service Coordinator suggested that perhaps more recruitment of volunteers was needed in order to cover future WHO presentations.

Methods of institutionalization of the project will be decided sometime in March. It is unclear whether the school districts, TCPCA or PTA will take full responsibility for the program.

The El Paso budget was reviewed and will be revised before the next Steering Committee Meeting in order to show the apportionment of CAVE funds and those applied to the program being presented to students in excess of 10,000.

EVALUATION

Kerry Washburn reviewed the Evaluation Process for the CAVE project. Each child will receive two brief tests. The teachers and presenters will also receive one test.

ABILENE

The participating school districts will include the Brownwood I.S.D. and the Snyder I.S.D. The schedules for testing in these two school districts have been completed. All information has been received by TDHS. Testing will begin the week of November 11th.

EL PASO

Programs to be evaluated in Spanish are the K-3 and 4-6 programs. Adequate samples could not be obtained for the 7-9 and 10-12 programs.

El Paso - continued

The participating school districts will include the El Paso I.S.D., the Ysleta I.S.D. and the San Elizario I.S.D. Testing schedules have not been completed due to the lack of complete schedules from the El Paso I.S.D. A schedule will be developed upon receipt of information from Ann Adams. Testing is to begin the week of December 2, 1985.

NACOGDOCHES

The participating School district will be the Nacogdoches I.S.D. Testing is to begin the week of November 11th for the K-3 program. Complete testing schedules for K-3 and 4-6 will be developed when ORDE receives the remaining elementary school schedules. Testing schedules will also be developed upon receipt of 7-9 and 10-12 schedules.

Kitty Johnson, the Nacogdoches task force member who is in charge of scheduling presentations, told the Service Coordinator, prior to the meeting, that the final schedules will be accomplished at a Teacher In Service on November 23rd and the information will be at MHA soon after. The date of November 27th was seen as the final deadline to receive these schedules.

CAVE BUDGET

The CAVE project preliminary budget was reviewed. In-kind contributions for the CAVE program will probably exceed the amount that was expected.

An updated budget will be prepared for February 1986 where it will be presented at the next Steering Committee Meeting.

OTHER BUSINESS

Margaret Ann Fifer suggested that it would be appropriate to give the school districts and/or the volunteers some type of recognition for their efforts.

In light of the difficulty in evaluating the 7-9 and 10-12 programs in Spanish due to the short time frame of the project, - ideas were discussed in terms of on-going research. MHA's Executive Director confirmed the support of such research for future projects providing funding is available. The Spanish testing instruments are a part of the project to be used by both TDHS and MHA. The tests may be available for use in other areas of Texas such as Brownsville and San Antonio.

An extension of the CAVE project was discussed. Becky Windham explained the procedure of requesting an extension. The following would need to be addressed:

- **How long will the grant be extended?**
- **Is there money for the duration of extension?**
  If not, what money is needed for extension?
- **Are there any other outstanding costs that can be projected?**
- **Why are we extending the project? (Rationale)**

FUTURE MEETINGS:

The next Steering Committee Meeting was set for February 10, 1986, 11:00 a.m. - 4:00 p.m. The task force members will meet with the Service Coordinator prior to the Steering Committee Meeting at 9:30 a.m.

The meeting was adjourned.

MENTAL HEALTH ASSOCIATION OF DALLAS COUNTY

MINUTES

The fifth Steering Committee Meeting of the Children's Antivictimization Education Project (CAVE) was held on February 10. 1986 from 11:00 a.m. to 3:00 p.m. at the Mental Health Association headquarters. 2500 Maple Avenue. Dallas. Texas.

PRESENT WERE:

Cecile P. Bonte	MHA Executive Director
JoAnn Martens	MHA WHO Program Director
Sylvia Orozco	MHA CAVE Service Coordinator
Delia Carrasco	MHA CAVE Secretary
David Brock	TDHS
Margaret Ann Fifer	PTA (alternate for Mary Tippin. PTA)
Jackie Statman	TCPCA
David Chavez	ORDE
Kerry Washburn	ORDE
Roulene Wagonseller	Program Site Facilitator (Abilene)

The meeting was called to order by CAVE Service Coordinator and Steering Committee chair. Sylvia Orozco.

A task force meeting prior to the Steering Committee Meeting was held at 9:30 a.m. - 11:00 a.m. Those present at the meeting were: JoAnn Martens. Sylvia Orozco. Margaret Ann Fifer. Roulene Wagonseller, Kerry Washburn, David Chavez and David Brock. Documentation. site progress. and the evaluation testing were discussed at the meeting.

Statistics in regards to number of children served by the WHO Program was also discussed. A new monthly sheet was developed in order to be more specific with our statistics. The only difference in this monthly sheet is in the breakdown of the program levels. Each site has been asked to review their statistics prior to January of 1986.

BUDGET

Extension of Project/Estimated Expenditures/Individual Site Updates

Cecile Bonte reviewed the CAVE budget regarding estimated expenditures. The following was discussed:

- The extension of the CAVE Project had been discussed in October as necessary to fit the project with the school year and in order to serve as many children as possible.
- TDHS and MHA staff felt that in order to collect final documentation of the project it would be beneficial for the CAVE Service Coordinator and Secretary to extend their time of employment through June.
- All of staff travel probably will be used if there is any lapsed money, it probably will be less than $100.00 in this line item.
- There will be lapsed project money of $1.444.16. The Committee decided to distribute the lapsed money equally among the three sites.
- It was noted that El Paso Chapter of the NCPCA still owes MHA $1.365.00 for materials purchased for presentations to an additional 20,000 children. This money is separate from the project money.
    - Since there is lapsed project money. it was thought by some that El Paso's share of the lapsed project money (amounting to 481.00) could be used to settle part of the NCPCA debt.

- Cecile Bonte, Executive Director of MHA - disagreed. She felt project money should be kept completely separate, and urged the El Paso NCPCA representatives to make appropriate and speedy arrangements to settle their outstanding bill with MHA.

- Nacogdoches has requested a K-3 and 4-6 Spanish tape, a set of small puppets, and a preschool package which includes a curriculum guide and videotape. (239.95) This expenditure will be applied to the lapsed money.

NACOGDOCHES

Status of Leadership roles

The Nacogdoches Child Safety Commission held a meeting to discuss the WHO Program and the election of a new chairman. Kathryn Robertson will be the new Child Safety Commission Chairman. The Commission decided to hire a graduate student to coordinate activities for the CAVE Project.

Students Served

As of January 1986, approximately 4,000 children have seen the WHO Program in the Nacogdoches area.

By the end of the project there is the potential of 8,000 children receiving the WHO Program in the Nacogdoches area.

In order to reach this goal, other school districts and private schools will be asked to participate in the CAVE Project. It was suggested that the new coordinator concentrate on the larger school districts. (Garrison, Woden, Center)

All program levels of the WHO Program are being presented in the Nacogdoches area. (K-12th grade)

Testing

The ORDE staff is sending the evaluation tests to Frankie Holder who is the school nurse of the high school. Tests are also being sent to Gail Hardy who is the nurse of the middle school. These nurses will be in charge of the distribution of tests to the classrooms. No problems have been reported to the ORDE staff.

Testing for Kindergarten - 6th grade depends on the availability of schedules from other school districts. These schedules must be given in advance to the ORDE staff.

It was noted that initially when access to schools was being obtained, the evaluation component was not mentioned to the schools. This may have created some reluctance of school principals to gain intial approval of the CAVE Project. The ORDE staff furnished extra materials to Nacogdoches explaining why the testing was being done and what it involved. This would provide more information to the principal and staff that are involved with the testing.

Community Acceptance

When the Child Safety Commission held their meeting on January 9th, children and adults were very positive about the WHO Program.

Institutionalization

The school system will probably institutionalize the WHO Program. To insure a smooth transition, procedures and logistics concerning training and scheduling are being considered.

- It was noted that a representative from Nacogdoches will be present at the next CAVE Steering Committee meeting. It would be helpful for the representative to meet with other site facilitators in order to discuss problems that all sites may have in common.
- Nacogdoches will order a (K-3) and (4-6) Spanish tape, a set of small puppets and a preschool package. The total of these materials total $239.95.
- Printing continues to be a problem in Nacogdoches. There is a possibility that more printing will be necessary.

EL PASO

Students Served

As of January 1986, approximately 21,627 children have seen the WHO Program in the El Paso area. Another 5,200 children are scheduled to receive the WHO Program before the end of the 1985/86 school year.

The program levels that are being presented are 1st grade, 3rd grade, 5th grade, 7th grade and 9th grade.

Testing

No problems have been reported to Margaret Ann Fifer concerning the reluctance of testing in El Paso.

Community Acceptance

Margaret Ann Fifer, Ann Adams, Juanita McCray (DHS) and Debbie Kanof (Assistant District Attorney) met with the West Texas School District Association. This organization represents the 15 school districts in the area. Some of these school districts have requested the WHO Program in their district as a result of this meeting.

The WHO Program will be represented at Kidfest. Materials will be distributed.

Institutionalization

In El Paso each school district will look into the possibility of contracting with MHA. In the Socorro School District, Mitch Ferguson has agreed to institutionalize the program in the district.

ABILENE

Students Served

As of January 1986, approximately 5,173 children have seen the WHO Program in the Abilene area.

1.336	7th graders in Abilene
847	Snyder (K-6)
2.990	Brownwood (K-12)
5.173	

It is estimated that approximately 10.000 children will receive the WHO Program. These totals include the Snyder and Brownwood area.

Elmon Higgs (Elementary School Administrator) assigned a panel of principals to review the WHO Program. It will be piloted in two elementary schools and a decision will be made in regards to the remaining elementary schools receiving the program.

Institutionalization

The school district in Snyder will probably institutionalize the WHO Program.

In Brownwood, a meeting with the administration will take place in order to discuss institutionalization.

In Abilene institutionalization has not been decided. The group of volunteers would like to contract with MHA, but are seeking financial support.

- In Snyder the teachers are presenting the WHO Program without training. MHA staff explained that they must comply with the contract agreement. in regards to training, if they plan on institutionalizing the program.
- The Regional Print Shop is printing the K-3 poster as an in-kind contribution to the project.

Utilization/Dissemination

Many possibilities were discussed such as civic groups, TV shows, the State PTA convention, the TDHS magazine, the PTA magazine (state and national), City Recreation Centers and the Texas Migrant Council. It was also suggested that certain local or state representatives speak on behalf of the WHO Program. The following names were mentioned: Linda Gale White, Mary Tippin and Roger Staubach.

General

The CAVE Project has encountered some resistance by both community and school districts to the implementation of the program. It is felt that this was primarily due to 1) time constraints, 2) school districts' concern over educational reform, and 3) budgetary factors.

In order to help with the high cost of printing, it was suggested if it would be possible for MHA to provide printing for the sites. It was noted that by the time shipping and handling are added there probably would not be any significant savings.

In terms of institutionalization each site must be aware that a contractual agreement must be signed by each site by July 1st.

Future Meetings

The next Steering Committee Meeting was set for May 12. 1986, 11:00 a.m. - 4:00 p.m. The task force members will meet with the Service Coordinator prior to the Steering Committee meeting at 9:30 a.m.

The meeting was adjourned.

APPENDIX E

Community Assessment Instrument

Community Resource and Needs Assessment

Goal: To participate in and observe community life in new program site in order to develop the WHO antivictimization program to its fullest potential.

Objectives:

1. To acquaint task group with organizations and agencies in the community designed to meet the needs of children.
2. To provide task group members with skills of self-awareness and inter-personal relations with those of their own and other cultures.
3. To assist task group in developing an understanding of the effect of culture on the learning patterns of the target community.
4. To assist task group in developing an understanding of the influence of parents and other family members on the development of behavioral patterns in children that conform to appropriate standards of the larger culture.
5. To assist in developing and maintaining a positive working relationship between school, home and community.

I. Population

A. Map of area targetted and approximate square miles ______________.

B. Number of people from most recent census ______________________.

C. Approximate percentages of racial distribution

Native American _________ Asian _________ Hispanic _________ Black _________
White _________.

D. Income levels ____

____

E. Employment
   1) Types of occupations______________________________________

   ____

   2) Rate of unemployment ____________

   3) Families with two-working parents ______________________

F. Churches and Religions organizations
   1) How many? ______________

   2) What denominations? ______________________________________

2) What denominations? ______________________________

____

3) Percentage of population actively affiliated ______________

G. Crime

1) Rate ______________

2) Types of highest rate ______________________

3) Type and extent of youth involvement ______________________

____

II. Schools

A. Number of school districts in targetted area ______________

B. Map of area with outlined school district.
1) How has this area been determined? ______________________
____
2) When was it determined?

C. Descriptive information about each school district.

1) Number of students

K-3 ______ 4-6 ______ 7-9 ______ 10-12 ______

2) Approximate percentage of racial distribution

Native American ______ Asian ______ Hispanic ______ Black ______

White ______

3) Number of students considered non- or limited English speakers ______

4) What discernible ethnic, cultural, or socioeconomic groups are found in the school district? ______________________

____

5) To what extent does the school and its staff get involved in community activities? ______________________

____

____

6) To what extent does the community get actively involved in the policies, curriculum and activities of the school ______________

____

____

III. Community Agencies and Organizations

List below any and all resources available in your area to provide service to your community. These may be in the area of child care, safety information, crisis intervention, counseling services, information and referral, health care, financial aid, law enforcement and legal services.

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
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Telephone:
Description of Service:

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Description of Service:

Name of Agency:

Address:

Telephone:

Description of Service:

Name of Agency:

Address:

Telephone:

Description of Service:

APPENDIX F

Implementation Report

Report on Site Implementation
Process for CAVE Project
December 1985

I. GENERAL IMPLEMENTATION

The implementation of the CAVE project is an on-going process which began with the selection of the three sites by the representatives of the participating state organizations and the Mental Health Association (MHA). One of the criteria for selection included strong volunteer support as well as a recognized community need for such a project - ingredients vital to facilitate implementation.

Task groups were formed in all three sites and a site facilitator selected. The important role of these groups as well as technical assistance from local resource groups and the state DHS office was recognized.

At each of the initial site visits, the implementation plan was described and discussed.

1) **Determination of needs**

Each community has its own approach to starting a program and often costs and procedures vary. To better determine the needs of the community, a Community Needs Assessment was developed and discussed. Information needed in this assessment concerned population numbers and demographics, school districts, community agencies and organizations. Selecting realistic yet significant program goals in terms of numbers of children to be impacted must be the next step. Although the project provides funding for 10,000 children, each site is unique in its numbers, density and spread. It was also necessary to decide how many of the components (preschool, K-3, 4-6, 7-9, 10-12) were to be utilized.

2) **Volunteer Recruitment**

Time commitment, number of volunteers (dependent on data above) and presenters' qualifications were discussed in detail. An effective presenter above all is one who is committed philosophically to the rationale and methodology of the program, is not only willing but eager to undertake initial and on-going training and is comfortable with the issues. The particular needs of the area will ultimately dictate the individual qualifications of the presenters.

3) **Access to schools**

Negotiations with the school districts in terms of acceptance and, in fact, specific involvement is crucial. It was determined that presenting the program at administration meetings (superintendent, principal), at teacher in-services and at PTA meetings is effective. Grass-roots support and networking is vital to the over-all initial success. To facilitate these presentations, suggestions were made as to content and demonstration tapes of each program were offered and materials were distributed.

4) **Training**

Training the presenters to deliver the WHO program traditionally has included a 2-day initial workshop, followed by observation of demonstration tapes or classroom presentations and then supervised internship. Because of the special focus of cultural factors such as language and geographic location, a rationale was written and distributed. Because of the underlying philosophy of the project, special attention to these cross-cultural factors and emphasis on practical training in bilingual presentations, the initial training workshop needed to be extended to three days. The training would have to be accomplished in August in order to begin presenting at the beginnning of the school year.

5) **Budget**

Since each is unique in its community, the local task force was to formulate its own budget of expenditures. Therefore, samples of the materials (graphics, Curriculum Guides, duplicating masters, puppets) were displayed and described.

6) **Scheduling and Logistics**

The final step in preparing for implementation is the logistical dispensing of the materials and the scheduling of presentations. The form "Guidelines for having WHO presentations in your school" was handed out and described as an example of how Dallas County handles its scheduling. It has become a model for many other WHO programs.

II. IMPLEMENTATION PER SITE

EL PASO

1) **Determination of Needs**

The Community Needs Assessment was never utilized. The Task Force quickly decided that the program should be presented to more children than 10,000 due to the large population and number of school districts. The original estimate was approximately 25,000 students in six school districts.

2) **Volunteer Recruitment**

The task force members originally decided that the potential for volunteer presenters was minimal in the El Paso area and because of the larger numbers of children to be targeted, the teachers and nurses, rather than volunteers would present the WHO program. However, El Paso has recently reconsidered the need to recruit volunteers at large in order to effectively present the program.

Access of Schools

There was early and direct contact with the school districts. This access was made possible largely through the efforts of Margaret Ann Fifer, representing the PTA and a member of the Task Force. This was accomplished through many administrative meetings. The administrators then appointed personnel to attend the training workshops.

On-going parent meetings and PTA functions have continued to keep the project visible.

4) **Training**

Because of the large number of targeted children and the presenters being district personnel and thus restricted in numbers of presentations, 115 presenters needed to be trained. Because of the process and form of the Initial Training Workshop, the maximum number of participants is 25 - 30. Therefore, four workshops were scheduled simultaneously and were conducted by the Service Coordinator, the WHO Program Director and two WHO Certified Training Consultants.

Although it was not simply suggested but strongly advised that these workshops be three full days of training because of the cross-cultural factors and particularly because El Paso would be piloting the adapted version in Spanish, the largest block of time the districts would agree to was $1\frac{1}{2}$ days. (The first suggestion by the districts was $1\frac{1}{2}$ hours.)

5) **Budget**

Expenditures for materials and printing was also complicated by the fact that El Paso was targeting in excess of 10,000 children. The additional funds needed are provided by the El Paso chapter of the National Committee for the Prevention of Child Abuse. Each PTA in the area was also asked to make a $25.00 contribution.

6) **Scheduling and Logistics**

The process of scheduling began in August at the Initial Training Workshops. The teachers who attended the training session scheduled their own particular school. The teachers then returned to their school for approval from the principal. Although this required more time and effort on the part of the Coordinator, it was felt that it was easier and more convenient for the schools.

Many Spanish presentations were scheduled on or before the month of November. When it was later discovered that the testing instrument would be ready in November many presentations which had been scheduled prior to November had to be rescheduled.

NACOGDOCHES

1) Determination of Needs

The target population in Nacogdoches is basically Nacogdoches Independent School District. However, the total population is somewhat less than 10,000 children and adolescents. Therefore, one or more of the smaller surrounding school districts may also be involved. Nacogdocnes was the only site where the demographics of the area were noted on the Community Needs Assessment provided but this was not received in the Dallas office until mid-October.

2) Volunteer Recruitment

Originally the Task Force made up of members of the Child Safety Council decided to implement the program by training volunteers. In June, a meeting was held where portions of each segment of the WHO program were viewed. Recruitment from this meeting as well as meetings with the Junior Forum and the Rape Crisis Center yielded twelve volunteers. Most recently, it was decided to train teachers in order to institutionalize the program.

3) Access to Schools

At the initial meeting of the Task Force where all pertinent instructional materials were displayed, defined and discussed and where the implementation plan was discussed, access to NISD had clearly already been obtained. The chairman of the Child Safety Council is the elementary school curriculum director, who along with the superintendent of schools were in brief attendance where they pledged their support and cooperation with this project. There was, however, concern over how the program would fit into the restrictions placed on Texas school districts by House Bill 72. It was determined that coding of essential elements would be necessary and the superintendent would provide a staff member to work on this coding. This turned out not to be necessary as this task was taken on by and accomplished by MHA staff in an effort to facilitate access to schools.

4) Training

Although it was strongly advised, that the Initial Training workshop be three full days, two days were scheduled in August. Volunteers in attendance were nurses, teachers, PTA and Junior Forum members.

5) Budget

The final budget revealed the need to have one set of videotapes and other WHO materials per school. Therefore, the printing costs which would be outstanding could be provided by contributions from businesses in the community. All printing has been accomplished.

6) Scheduling and Logistics

The dissemination of materials in this rather more compact area than the other sites was facilitated by the abundance of materials purchased. The scheduling, however, of classroom presentations has been and continues to be difficult to obtain. This is apparently due to other priorities of the school district, i.e., concern with educational reform, (H.B. 72 and essential elements) and time commitments of those responsible for arranging such scheduling.

ABILENE

1) Determination of Needs

Although, again, the Community Needs Assessment was at least not formally utilized, it became apparent that the site at Abilene would be wide-spread. It has, in fact evolved into three sub-sites: Abilene, Brownwood (Bangs, Early) and Snyder. Distances of up to 150 miles between sub-sites greatly influenced the purchase of materials and training schedules. However, all three sub-sites are needed in order to affect 10,000 children.

2) Volunteer Recruitment

Many meetings were held to not only provide community awareness but to recruit volunteers. The task force hosted meetings for the Rape Crisis Center, the West Texas Rehabilitation Center, the Foster Parent Association, the Abilene PTA, the Child Welfare Board of Scurry County, the Tom Green Child Welfare Board, Big Brothers/Sisters and the Children and Youth Cluster.

In the three sub-sites of the Abilene area, this process yielded a combination of professional and lay volunteers. In Abilene itself, the volunteers are PTA members, Rape Crisis Center personnel and other volunteers with professional backgrounds. In Brownwood, the PTA volunteers have developed a solid volunteer corps. In Snyder the school nurses will present the WHO programs in the school district and the district itself hopes to institutionalize the program.

3) Access to Schools

The process to access schools began with providing opportunity for the community as a whole to become acquainted with the WHO program and specifically the CAVE project. A Community Forum meeting was held in April where the program was presented to the community by the Site Facilitator, a DHS representative and portions of the demonstration tapes were shown. Two separate days in May were also set aside so that task force members and the community at large could preview the demonstration tapes and learn about the project. The CAVE project was also presented on the agenda of the Abilene Coordinating Council in June. This council consists of different youth and United Way agencies.

Many and varied presentations and meetings were scheduled with administrations and school district personnel. Yet, obtaining access to Abilene Independent School District in terms of widespread approval to present has been a difficult process. The school district has moved slowly because it feels the community sees itself as a conservative area. New projects are implemented in the school district hesitantly and with extreme caution. The project in Abilene itself has actually had more support from the community than from the school district.

4) **Training**

Two Initial Training Workshops were held in September. Although a three-day training workshop was strongly advised, two days were scheduled for each training session. The Service Coordinator trained the Brownwood corps of volunteers in early September and the Abilene volunteers which included the Snyder nurses, in late September to accommodate the Abilene school nurses.

5) **Budget**

Because of the existence of three sub-sites between which are sizable distances, the sharing of audio-visual materials and graphics turned out to be a significant logistical problem. Therefore, some line item changes as well as actual exchanged materials became necessary before the budget was finalized. Printing costs tended to be higher than original estimates, requiring the acquisition of additional funding. The Brownwood sub-site received $100. from a clearinghouse that represents local banks and $50.00 from the First State Bank of Bangs toward printing.

6) **Scheduling and Logistics**

Obtaining scheduling information from Abilene ISD has been difficult due apparently to the resistance of an individual administrator of the school district. To date the 7th grade has been scheduled for the program. In Brownwood, through many administrative meetings, the schedules were obtained. In Snyder, Bobbie Box, the coordinator for that area who works for the school district was able to obtain scheduling information.

NOTE: Although having three sub-sites to coordinate in her area, the Site Facilitator, Roulene Wagonseller, has accomplished much in establishing the project, providing opportunity for community awareness and accessing the school districts. Communication with the MHA office has been extraordinary. She has attended each task force meeting prior to Steering Committee meeting and was the only representative of a CAVE site to attend the annual WHO Conference.

III. GENERAL CONCLUSIONS AND SUGGESTIONS

The CAVE project has been successfully implemented in the three sites according to the project criteria. Although implementation has been unique in each site, some conclusions can be drawn and recommendations made to facilitate future projects.

- In order to gain widespread community acceptance of antivictimization education, the process of awareness must develop over time. This process cannot be hurried because it deals with basic human behavior and sensitive issues.
- Implementation should be accomplished PRIOR to evaluation - perhaps as much as one year before testing the school population. The schools need to be very comfortable and secure with both the content and the procedures of the program.
- The number of children targeted must come from each community's needs, awareness level and location. Setting an arbitrary number may be either restrictive or over-ambitious. The same may be true in selecting portions of the curriculum rather than the total program for the first year.
- The CAVE project has encountered some resistance by both community and school districts to the implementation of the program. It is felt that this was primarily due to: 1) time constraints, 2) school districts' concern over educational reform, and 3) budgetary factors.
- The most effective presenters are those who are committed to spending time and energy on training in an effort to attain a high quality of presentations. A volunteer committment is generally stronger than appointed personnel.
- Finally - whereas changing of personnel responsible for the CAVE project in state organizations may be unavoidable, it did present some communication problems and affected continuity.

ATTACHMENTS

- Community Resource and Needs Assessment

- Cross Cultural Factors in Presenting the WHO Curriculum
  (DHS Ed. Note: included in a previous report; deleted here to save space.)

- Guidelines for Having WHO Presentations in Your School

Community Resource and Needs Assessment

Goal: To participate in and observe community life in new program site in order to develop the WHO antivictimization program to its fullest potential.

Objectives:

1. To acquaint task group with organizations and agencies in the community designed to meet the needs of children.
2. To provide task group members with skills of self-awareness and inter-personal relations with those of their own and other cultures.
3. To assist task group in developing an understanding of the effect of culture on the learning patterns of the target community.
4. To assist task group in developing an understanding of the influence of parents and other family members on the development of behavioral patterns in children that conform to appropriate standards of the larger culture.
5. To assist in developing and maintaining a positive working relationship between school, home and community.

I. Population

A. Map of area targetted and approximate square miles ______________.

B. Number of people from most recent census ______________________.

C. Approximate percentages of racial distribution

Native American ________ Asian ________ Hispanic ________ Black ________
White ________.

D. Income levels ____

____

E. Employment
1) Types of occupations____________________________________

____

2) Rate of unemployment __________

3) Families with two-working parents ________________

F. Churches and Religions organizations
1) How many? ____________

2) What denominations?______________________________

2) What denominations? ____________________

____

3) Percentage of population actively affiliated ____________________

G. Crime

1) Rate ____________________

2) Types of highest rate ____________________

3) Type and extent of youth involvement ____________________

____

II. Schools

A. Number of school districts in targetted area ____________________

B. Map of area with outlined school district.

1) How has this area been determined? ____________________

____

2) When was it determined?

C. Descriptive information about each school district.

1) Number of students

K-3 ______ 4-6______ 7-9______ 10-12 ______

2) Approximate percentage of racial distribution

Native American ______ Asian______ Hispanic ______ Black ______

White ______

3) Number of students considered non- or limited English speakers ______

4) What discernible ethnic, cultural, or socioeconomic groups are found in the school district? ____________________

____

5) To what extent does the school and its staff get involved in community activities? ____________________

____

____

6) To what extent does the community get actively involved in the policies, curriculum and activities of the school ____________________

____

____

III. Community Agencies and Organizations

List below any and all resources available in your area to provide service to your community. These may be in the area of child care, safety information, crisis intervention, counseling services, information and referral, health care, financial aid, law enforcement and legal services.

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

Name of Agency:
Address:
Telephone:
Description of Service:

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Name of Agency:

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Telephone:

Description of Service:

Name of Agency:

Address:

Telephone:

Description of Service:

Name of Agency:

Address:

Telephone:

Description of Service:

WHO - We Help Ourselves
Mental Health Association of Dallas County
2500 Maple Avenue
Dallas, Texas 75201 - (214) 871-2420

GUIDELINES FOR HAVING WHO PRESENTATIONS IN YOUR SCHOOL

The WHO - We Help Ourselves Program is sponsored by the Mental Health Association of Dallas County and will provide a trained presenter, videotape cassette and additional materials (posters, folders, etc.). Duplicating masters for follow-up activities will be provided to the contact person in each school. These pages may be thermo-faxed into spirit masters for dittos or copied (i.e. xeroxed) with a commercial machine.

A staff in-service training for teachers is highly recommended. This is important so that teachers will be aware of what will occur during presentations. In addition, the training insures teacher understanding of the WHO program and how students can be responded to with follow-up activities.

Each school will provide a 1/2" VHS or 3/4" videotape cassette recorder and a color TV monitor, assembled and ready for use. This equipment must be set up in advance and in a central location (library, media center, empty classroom, etc.) so that classes may move in and out easily. An informal setting is recommeded for K-3 presentations such as seating on a carpeted floor. Presentations are made to class size groups (25-30) and the teacher must be present during the entire program to observe student reactions and in order to complete an evaluation form which is returned to the presenter upon completion of the program.

A form for requesting WHO presentations is enclosed. Please fill out and return to the Mental Health Association for confirmation of requested dates. We must have the form filled out and returned before we can confirm dates for your school. The WHO program is also available to special education classes, bi-lingual classes and ESL classes, please indicate these classes.

If you need additional information, please call the Mental Health Association at 871-2420 and ask for Barbara Middleton.

Thank you!

REQUEST FORMS FOR WHO PRESENTATIONS

NAME OF SCHOOL ____________________ NAME OF DISTRICT ____________

*ADDRESS ______________ ZIPCODE ______ TELEPHONE ____________

CONTACT PERSON ____________ POSITION ________ PRINCIPAL ________

SIZE OF VIDEOTAPE EQUIPMENT 1/2" ____ 3/4" ____ MEDIA SPECIALIST ________

LOCATION OF WHO PRESENTATIONS IN SCHOOL ____________________

Adult WHO Presentations offered by the Mental Health Association

1 Hour PTA Meeting Date requested ____________ Time ____________

2 Hour Parent Workshop Date requested ____________ Time ____________

1 Hour Faculty Meeting Date requested ____________ Time ____________

2 Hour Staff In-service Date requested ____________ Time ____________

Information needed for requesting the WHO program for classroom presentations - - time of day, grade level, number (#) of students and teacher's name. The WHO program is presented to no more than 30 children at one time and must be presented in consecutive class periods (see below.) It is very difficult to schedule volunteers who have to wait a class period or more between presentations or begin before 9 A.M.

SCHEDULE (sample)

Day 1

Time 9:00 - 9:45 Grade 3 Number of students 27 Teacher Smith

Time 10:00 - 10:45 Grade 2 Number of students 23 Teacher Martens

Time 11:00 - 11:45 Grade 1 Number of students 21 Teacher Middleton

Time 12:00 - 12:45 Grade K Number of students 18 Teacher Scarborough

Time 1:00 - 1:45 Grade 2 Number of students 23 Teacher Thomas

Time 2:00 - 2:45 Grade 3 Number of students 28 Teacher Sotello

*List brief directions to school from downtown Dallas.

NAME OF SCHOOL ____________________ Dates Confirmed ____________________

NAME OF SCHOOL DISTRICT ____________________ ____________________

DATE ____________________ Faculty Meeting ____________________

*Please indicate with a star where there are classes with more than one teacher included. PTA Meeting ____________________

DAY 1

TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________

DAY 2

TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________

DAY 3

TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________

DAY 4

TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________
TIME ____________ GRADE ____________ # ____________ TEACHER ____________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

DAY 5

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

DAY 6

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

DAY 7

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

TIME__________ GRADE__________ #__________ TEACHER__________

APPENDIX G

Cross-Cultural Paper

Cross-Cultural Factors in Presenting the WHO Curriculum

WHO-We Help Ourselves is an educational program designed to help children learn how to prevent their own victimization. Within the framework of this definition it is necessary to qualify some of these terms. WHO is considered an educational program primarily because it is presented in the arena of public and private schools. It is not designed, however, to simply dispense information but to facilitate the internalization of its concepts in the learner. The term "prevention" is meant to imply primary prevention. Although it is known that probably every student in the classroom has been confronted with some kind of victimization, it is thought that probably one out of three has already been traumatically victimized. The attitude of the presenter, however, is that they are all happy, healthy children or adolescents who have the power to learn how to maintain their physical, sexual and emotional health. The term victim is defined as being the object of any action over which one has no control.

There are three main objectives of the WHO program. It is sometimes referred to as the KNOW-DO-TELL plan. It is hoped that children will gain knowledge---a heightened awareness about the issues and dynamics surrounding victimization, that they will learn actual skills and behaviors that are feasible and useful for them, and that they will recognize themselves living in a larger system of individuals who can lend protection and support.

Since its inception the WHO curriculum use has increased 400 percent each year. There are four reasons for this extraordinary growth: 1) Our society is finally accepting the fact that the physical, sexual and emotional victimization of our children exists. 2) The curriculum is easily replicated because of the definitive body of materials and the accompanying training. 3) The content is effective in dealing with issues rarely addressed in a school setting. 4) It is based on educationally sound principles.

This fourth reason needs some further explanation. The broad general goals of any curriculum contribute to an educationally sound program. There are four such goals: 1) to provide competency in the skill area 2) to enhance the self-esteem of each student, 3) to promote autonomous learning and 4) to attend to individual differences.

Although these goals overlap, the primary concern of this paper is with the latter goal. In order to better serve the needs of all students, the WHO curriculum is being expanded [1]to carefully examine the issues as they relate to developmental, cultural, linguistic and geographic differences.

The WHO program is available for children age 3 to 18 with five different segments targeting pre-school children and grades K-3, 4-6, 7-9, and 10-12. These five programs are appropriate for the developmental level of the student. It has long been known that there are periods in the process of maturation where learning is easiest. Each of the five segments of the WHO program is also flexible within itself to provide for further leveling using the skill of the trained presenter. The developmental age of the child is also greatly influenced by cultural, linguistic and environmental factors.

Providing a curriculum which promotes and encourages respect for cultural diversity is required. Culture has a great effect on human beings and human beings affect culture. To define it specifically is to understand that it is made up of 1) human social behavior, the way groups go about conducting a life style, 2) artifacts, the tools and objects used by those groups to conduct that lifestyle and 3) values, the ways of judging the worth of those things and manner of living. The sociological dimension of culture includes the structure of the family, modes of interacting, societal values and ways of seeing members in relationship to the world. Over periods of time these can change. However, other elements of culture are permanent. Examples would be the pottery of the American Indian or the music of Bach or the religious significance of the crucifix.[2]

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[1] Children's Antivictimization Education project founded by the Texas Department of Human Resources, 1984.

The components of culture include diet, dress, socialization patterns, ethics, language, history, geography, religion, folklore, laws, traditions and fine arts. These components are interrelated and actually influence each other. Language, for instance, is at the very core of existence since communication relates how things are perceived. Although the national language of the U.S. is English, there is a large percentage of the Hispanic population which uses Spanish as its first language. In 1979, 17.1 percent of the Texas population was Spanish-speaking or bilingual.[3] To attain goals of bilingual skill competency and enhanced self-esteem, a model of bilingual programming should be used which stresses "retention of child's primary language and use of that language as a vehicle or medium for exploring and acquiring a second language".[4] Without this model, the student will both miss the concepts and feel shame that his/her native language is an inadequate means of learning the concepts.

The United States is a conglomerate of over 200 million people who may or may not have much in common. There are ethnic, religious, generational, gender and economic dividing lines. There are also regional distinctions such as among New Yorkers, Midwesterners, Vermonters, Texans and Californians.[5]

Geography is extremely influential in terms of providing meaningful curriculum to culturally diverse groups of students. The proximity or isolation of a community directly affects the amount of cultural diversity, change and the number and kinds of resources available. In Texas, for instance, 50 percent of the population resides in 53 counties. The rural and geographically isolated areas have many small independently functioning school districts. These areas generally have fewer non-mandatory subjects, non-profit agencies and fewer funds for expanding and adding innovative curricula.[6]

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[2] Gonzales, George A., Ph. D., "Promoting Cultural Diversity in the Classroom," Pan American University, Edinburg, Texas.

[3] Cave project, Op. Cit.

[4] New Approaches to Bilingual Bicultural Education (DACBE), "A New Philosophy of Education

[5] Feldman, Saul D. and Gerald N. Thielbar, Lifestyles: Diversity in American Society, Little, Brown, and Co., Boston 1975.

Texas, with over 14 million people, has a population which includes 66 percent Anglo, 21 percent Hispanic and 12 percent Black. The 1980 census data also includes one percent of the population in the groups other than Anglo, Hispanic or Black. The state ranks second in the nation in the number of Hispanics, and third in the number of blacks.[7]

With this cultural mix, the task of the curriculum is to provide a positive learning experience for students whose experience and values reflect differences in age, gender, socialization, regional environment and language.

There are some basic philosophical assumptions that should be adhered to for the curriculum to be effective. 1) The first is that membership in any cultural group promotes in an individual those characteristics usually associated with a healthy personality type. 2) There is freedom to move in and out of these groups. 3) There is no single way of life that is deemed best. 4) It is valuable to have many ways of life because such competition and/or diversity leads to a balance in the social order. 5) Loyalty to a larger society is a function of cultural diversity. In other words "a healthy society must be based on a mosaic of autonomous groupings reflecting the underlying differences of the population".[8] Any sound curriculum, therefore, should use methods that depend on 1) a comfortable, non-threatening, familiar environment, 2) visually, linguistically and situationally relevant audio/visuals and 3) techniques used by the presenter to invite active participation and which recognize the developmental, linguistic, cultural and geographic background of the learner.

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[6] Cave project Op. Cit.

[7] Pass, Fred, Ed., Texas Almanac and State Industrial Guide, 1982-83 A.H. Belo Corp, Dallas, 1981.

[8] Torney, Judith V. and Tescon, Charles A., "Political Socialization Research and Respect for Ethnic Diversity, Pluralism in Democratic Society, Pragen Publishers, New York, 1975.

The rationale for such curriculum has direct implications for 1) curriculum materials and 2) presenter training.

As mentioned previously the program materials are already divided into 5 age-appropriate segments. Each of these segments is formatted to lend flexibility for even further leveling within each segment.

The main audio/visual stimulus for each segment is a short videotape which focuses on four specific categories of issues for elementary school children and six issue-specific situations for those of secondary school age. These videotapes should be visually and situationally relevant. That is, the setting should be one the students might find familiar, the characters easy to relate to, and the situations particularly relevant to their age, environment and life style. Additional videotapes produced in Spanish target the largest population of students whose first language is other than English. The aim of the language use is to clearly communicate the concept of the situation in standard Spanish which is as free from accent, dialect, slang and regionalisms as possible. It is hoped that these can be vehicles for not only students in Texas but across the Southwest, Florida, the northeast and wherever there are large populations of Spanish-speaking youngsters.

Although the videotapes and printed materials are the focus of the WHO program, the role of the facilitator/presenter is crucial to the success of the learning experience. There are no rigid qualifications for this position but there are some characteristics that seem to be shared by experienced and effective presenters.

A good presenter:

1) is confident -(models clear thinking decisive, self-worthy attitudes)

2) is sensitive and non-judgmental -(recognizes values and feelings in others)

3) is comfortable with the issues -(develops an ongoing process of self-awareness while maintaining the capability of directly targeting the curriculum)

4) is willing and committed to ongoing education -(knows that initial training is only the beginning)

5) is an active listener -(demonstrates that what the student says is important and valid)

6) is enthusiastic -(shows investment and belief in the principles of the program)

7) has a sense of humor -(helps maintain a healthy balance)

Particular attention and effort in the initial training must be paid to the cultural differences in guiding discussion. Referring to the three main purposes of the WHO program a scrutiny of the issues is required.

KNOW - The knowledge to recognize and identify victimization, to clarify rules and laws and to verbalize feelings as worthy depends a great deal on the socialization process of those living within the sub-culture as well as the larger society. It also depends on child-rearing practices, views on violence and sexual stereotypes.

DO - Coping strategies for dealing in positive, assertive ways with recognized victimization depends on communication skills and the physical environment and geographical location.

TELL - To know and count on a support system depends on the structure of the family, role of the family members, the skill and training of school personnel and the availability of services in the community.

The dual aim, then, is 1) that the materials are as universal as possible in their scope and purpose and 2) that the diversity in terms of developmental, linguistic, cultural and geographic differences will largely come from the community group who is carefully trained to present the program.

Though the word "different" has been used throughout this paper as meaning different from the dominant culture or majority population, it is not the intent in any way to try to acculturate or "melt" individuals into the larger society. In fact, it is sincerely hoped that education as a whole will recognize the intrinsic value of each individual and will aim to strengthen that individuality as a step toward a higher quality of life for all people.

Volunteer Training Objectives

Initial Training Workshop Objectives
(12 Contact hours)

- I. Knowledge and Information
  - A. General
    - 1. Victim characteristics
      - a. low self-esteem
      - b. learned helplessness
      - c. deserving
      - d. isolated - "I'm the only one"
    - 2. Perpetrator Characteristics
      - a. low self-esteem
      - b. history of victimization and thus unresolved emotional problems
      - c. lack of skills
        - 1) coping —
        - 2) problem-solving
        - 3) parenting
        - 4) nurturing
      - d. high stress
      - e. recognizes and preys on
        - 1) availability
        - 2) vulnerability
    - 3. How perpetrator gains power
      - a. age - "respect," authority
      - b. physical - strength, violence
      - c. emotional - rejection, witholding intimacy or affection
      - d. economic
    - 4. Scope of victimization
      - a. arenas where it happens
        - 1) community
        - 2) school
        - 3) home
      - b. 3 Basic Categories
        - 1) Physical
          - a. parental permission
pathological
over-discipline
inappropriate expectations
          - b. mugging
          - c. bullying
          - d. sibling
          - e. pre-marital battering
          - f. institutional
        - 2) Sexual
          - a. molestation (fondling — intercourse)
          - b. exposure
flashers
observation of domestic or sexual violence
pornography

c. incest
d. rape
stranger
date
marital
e. harassment
f. societal sexism (male and female)

3) Emotional
a. belittling, downgrading, comparing
b. threats
c. physical or emotional abuse
d. neglect

5. Literature Review

6. National statistics

B. Specific to WHO
1. Definition of WHO
a. define prevention
b. define victim
2. Goals
a. Knowledge - recognition - acceptance
b. Behavior - initiative - change
1) Physical or verbal resistance
2) Physical separation and/or avoidance
3) Seek help and support
c. Support system - interdependence

II. Self-awareness (Internalization process)

A. Examine own stereotypes and values
B. Examine feelings -
C. Recognize cultural differences
1. geographic
2. religious
3. linguistic
4. socialization
D. Toward a moral policy

III. Setting up the learning environment

A. Goals of any learning program
1. provide skill competency
2. attend to individual differences
3. enhance self-esteem
4. promote autonomous learning
B. Methodology to attain goals
1. cognitive (Bloom's taxonomy)
2. affective
3. developmental (Piaget)
4. rote vs. discovery learning
C. Techniques which fit methodology
1. audio-visuals
2. guided and open discussion
3. puppets
D. Characteristics of a Good Presenter
1. confident
2. sensitive

    3. comfortable with issues
    4. committed to on-going education
    5. active listener
    6. enthusiastic
    7. sense of humor
E. Logistics
    1. time commitment
    2. materials
    3. teacher packets
    4. video equipment
F. On-going training
G. Adult workshops

APPENDIX I

Statistics on WHO Presentations

ABILENE

		K-3	4-6	7-9	10-12	TOTAL
OCT.	NONE					
NOV.	FRANKLIN (ABILENE)			9/240		9/240
	JEFFERSON (ABILENE)			10/261		10/261
	LINCOLN (ABILENE)			10/257		10/257
	MADISON (ABILENE)			11/303		11/303
	MANN (ABILENE)			11/256		11/256
DEC.	MANN (ABILENE)		2/19			2/19
JAN.	NONE					
FEB.	MADISON (ABILENE)		2/75			2/75
MARCH	JEFFERSON		2/120	3/90		5/210
	MANN		4/250			4/250
	MADISON		2/72			2/72
	COOPER				11/340	11/340
	THROCKMORTON	5/91	3/62			8/153
APRIL	LINCOLN (ABILENE)		4/200			4/200
	MADISON (ABILENE)		2/65			2/65
	ST. JOHNS HOS/SAN ANGELO	1/5				1/5
	ANSON JONES (ABILENE)	10/188	5/115			15/303
	LOCUST	10/197	3/93			13/290
	WYLIE ISD	12/346				12/346
	THROCKMORTON ISD			3/60	3/60	6/120
	WYLIE ISD	4/109	12/323	12/250		28/682
		42/936	41/1394	69/1717	14/400	166/4447

TOTAL NUMBER OF PRESENTATIONS: 166

TOTAL NUMBER OF CHILDREN: 4447

BROWNWOOD

		K-3	4-6	7-9	10-12	TOTAL
NOV.	SOUTH	13/250	4/100			17/350
	EAST	10/200	4/88			14/288
	COGGIN	14/270	5/123			19/393
	NORTHWEST	14/258	6/120			20/378
	WOODLAND	14/285	6/135			20/420
	CENTRAL		6/290			6/290
DEC.	ST. MARYS SUNDAY SCHOOL CLASS	1/40				1/40
	BROWNWOOD J.H.			6/180		6/180
	BROWNWOOD H.S.				10/300	10/300
JAN.	NONE					
FEB.	BROWNWOOD J.H.			6/180		6/180
	BROWNWOOD H.S.				5/150	5/150
MARCH	BROWNWOOD J.H.			6/180		6/180
	BROWNWOOD H.S.				2/60	2/60
APRIL	BROWNWOOD J.H.			2/60		2/60
	BROWNWOOD H.S.				3/90	3/90
		66/1303	31/856	20/600	20/600	137/3359

TOTAL NUMBER OF PRESENTATIONS: 137

TOTAL NUMBER OF CHILDREN: 3359

SNYDER

		K-3	4-6	7-9	10-12	TOTAL
DEC.	NORTHEAST ELEMENTARY	12/242	7/148			19/390
JAN.	NORTH ELEMENTARY	9/155	6/113			15/268
FEB.	WEST ELEMENTARY	14/309	10/166			24/475
MARCH	SNYDER JUNIOR HIGH			14/297		14/297
APRIL	CENTRAL ELEMENTARY	23/441				23/441
	STANFIELD		17/352			17/352
	SNYDER JUNIOR HIGH			12/252		12/252
MAY	SNYDER HIGH SCHOOL				6/133	6/133
	EAST ELEMENTARY	9/217	9/134			18/351
		67/1364	49/913	26/549	6/133	148/2959

TOTAL NUMBER OF PRESENTATIONS: 148

TOTAL NUMBER OF CHILDREN: 2959

EL PASO

		K-3	4-6	7-9	10-12	TOTAL
SEPT.	Travis	20/496				20/496
OCT.	Hillcrest J.H., YISD			13/400		13/400
	Polk, EPISD	7/167	3/74			10/241
	Dowell, EPISD	B-1/21				B-1/B-21
	Dowell,	3/102	4/123			7/225
	Ranchland Middle, YISD			6/160		6/160
	Roberts, EPISD	16/240	7/135			23/375
	Valley View Middle, YISD			10/290		10/290
	Wainwright, EPISD	13/206	5/83			18/289
	Vista Del Sol, SISD	13/278	4/106	3/101		20/485
	Socorro H.S.				13/365	13/365
	Bel Air H.S.				10/280	10/280
	Bradley Elem., EPISD	7/159	3/75			10/234
	Parkland Middle			5/134		5/134
	Desert View Middle			12/315		12/315
	Montana Vista, CISD	4/111	2/54			6/165
	Bonham, EPISD	6/83	2/44			8/127
	Hueco, SISD	B-2/39				B-2/B-39
	Hueco, SISD	6/134	3/79	3/100		12/313
	Surratt	7/160	3/80			10/240
	Parkland H.S.			9/287		9/287
	Hughey, EPISD	14/281	4/110			18/391
	Riverside Middle			7/224		7/224
	Aoy	B-6/74				B-6/B-74
	Aoy	15/205				15/205
NOV.	Horizon Heights, SISD	B-2/44	B-1/22	B-1/24		B-4/B-90
	Horizon Heights, SISD	3/76	1/27	2/46		6/149

	K-3	4-6	7-9	10-12	TOTAL
Escontrias Middle SISD		6/194	7/220		13/414
Campestre, SISD	B-3/56 3/114	B-1/18 2/77	B-1/33 4/137		B-5/B-107 9/328
Fannin Elem, EPISD	13/270	6/152			19/422
Zach White, EPISD	12/247	6/140			18/387
Eastwood Knolls, YISD			3/70		3/70
Dolphin Terrace, YISD	8/242	4/114			12/356
Parkland Elem.	12/297	5/140			17/437
Pebble Hills Elem.	14/358	5/165			19/523
Travis		12/335			12/335
Hart	16/224	8/111			24/335
Newman, EPISD	13/546	6/131			19/677
Eastwood H.S., YISD			15/450		15/450
Socorro H.S.			B-3/79		B-3/B-79
Zavala	11/148	4/62			15/210
Putnam	7/158	3/75			10/233
El Paso Center for Children	1/10	1/10	1/7	1/7	4/34
Loma Terrace	B-1/23				B-1/B-23
Loma Terrace	10/240	4/124			14/364
Putnam, EPISD	13/262	5/227			18/489
Milam, EPISD	7/129	2/56			9/185
Hilley, SISD	B-2/43				B-2/B-43
Hilley, SISD	7/187	4/112	5/130		16/429
Escontrias Primary	B-4/89				B-4/B-89
Escontiras Primary	11/262				11/262
Ysleta Jr. High			10/275		10/275
Douglas Elem, EPISD	8/217	4/112			12/329
Lindberg Elem., EPISD	B-1/20				B-1/B-20
Lindberg Elem., EPISD	5/142	4/96			9/238

)EC.

		K-3	4-6	7-9	10-12	TOTAL
	San Elizario, SEISD	B-2/37	B-1/27	B-2/51	B-1/24	B-6/B-139
	San Elizario, SEISD	5/107	2/66	4/101	1/31	12/305
	Cedar Grove Elem, YISD	10/243	4/102			14/345
	Marion Manor Elem, YISD	12/333	6/169			18/502
	North Loop Elem, YISD	13/339	6/170			19/509
	Sageland Elem, YISD	B-1/21				B-1/B-21
	Sageland Elem, YISD	6/165	3/79			9/244
	Cooley Elem., EPISD	B-3/72				B-3/B-72
	Cooley Elem., EPISD	6/175	4/124			10/299
	Alta Vista Elem, EPISD	8/250	6/160			14/410
	Villas Elem., EPISD	4/80	4/95			8/175
	Del Norte Elem., YISD	B-1/21	B-1/26			B-2/B-47
	Del Norte Elem., YISD	6/137	3/55			9/192
	Lancaster Elem., YISD	B-4/95				B-4/B-95
	Lancaster Elem., YISD	9/235	7/186			16/421
JAN.	Newman Elem., EPISD		6/150			6/150
	Scotsdale Elem., YISD	B-2/42				B-2/B-42
	Scotsdale Elem., YISD	10/242	5/136			15/378
	Lee Elem., EPISD	8/229	5/130			13/359
	Rusk Elem., EPISD	B-2/51	B-1/23			B-3/B-74
	Rusk Elem., EPISD	8/196	4/101			12/297
	Bliss Elem., EPISD	12/298	4/100			16/398
	Tierra del Sol Elem., YISD	13/316	6/180			19/496
	Edgemere Elem., YISD	14/325	5/140			19/465
	Western Hills Elem., EPISD	6/133	3/87			9/220
	Ysleta Learning Center, YISD	4/40	4/60			8/100

		K-3	4-6	7-9	10-12	TOTAL
	Cielo Vista Elem., EPISD	4/57	2/42			6/99
	Houston Elem., EPISD	B-3/73	B-3/75			B-6/B-148
	Houston Elem., EPISD	7/170	6/145			13/315
	Capistrano Elem., YISD	B-2/46	B-1/26			B-3/B-72
	Capistrano Elem., YISD	10/240	5/147			15/387
	Ascarte Elem., YISD	B-2/43	B-1/25			B-3/B-68
	Ascarte Elem., YISD	8/178	3/78			11/256
	Ramona Elem., YISD	B-1/18				B-1/B-18
	Ramona Elem., YISD	4/98	2/62			6/160
FEB.	Alamo Elem., EPISD	B-2/26	B-2/26			B-4/B-52
	Alamo Elem., EPISD	15/225	9/125			24/350
	Hacienda, YISD		B-1/24			B-1/B-24
	Hacienda, YISD	9/232	3/81			12/313
	Eastwood Heights, YISD	8/179	4/102			12/281
	Edgar Park Elem., EPISD	7/150	3/75			10/225
	Eastwood Knolls, YISD	5/98	3/63			8/161
	Mesita, EPISD	7/137	3/87			10/224
	Glen Cove, YISD	10/335	5/116			15/451
	Vista Hills, YISD	9/230	4/117			13/347
	Eastwood Heights, YISD	8/202	4/107			12/309
MARCH	Socorro H.S.				12/355	12/355
	Mesa Vista, YISD	B-2/40				B-2/B-40
	Mesa Vista, YISD	4/87	3/72			7/159
	Cadwallader, YISD		B-1/27			B-1/B-27
	Cadwallader, YISD	7/160	2/61			9/221
	Pasodale, YISD		B-1/26			B-1/B-26
	Pasodale, YISD	10/256	4/106			14/362
	Beall, EPISD	B-6/63	B-1/13			B-7/B-76
	Beall, EPISD	13/182	7/95			20/277

		K-3	4-6	7-9	10-12	TOTAL
	Stanton, EPISD	B-4/59	B-2/39			B-6/B-98
	Stanton, EPISD	12/224	5/100			17/324
APRIL	South Loop, YISD	B-3/63				B-3/B-63
	South Loop, YISD	6/145	3/102			9/247
	Presa, YISD	B-4/84				B-4/B-84
	Presa, YISD	3/68	3/69			6/137
	Thomas Manor, YISD	12/302	6/162			18/464
	Ysleta Elem, YISD	14/311	5/141			19/452
	East Point, YISD	12/307	6/144			18/451
	Burnett	8/146	4/78			12/224
	Lamar	B-5/107	B-2/37			B-7/B-144
	Lamar	11/224	8/125			19/349
	LeBaron, YISD	16/363	6/165			22/528
	Bilingual Total:	B-71/1370	B-20/434	B-5/187	B-1/24	B-97/2015
	English Total:	698/15,900	337/8480	110/3160	46/1325	1191/28,86

Total number of presentations (Bilingual): 97
Total number of children (Bilingual): 2015

Total number of presentations (English): 1191
Total number of children (English): 28,865

Total number of presentations: 1288
Total number of children: 30,880

NACOGDOCHES

		K-3	4-6	7-9	10-12	TOTAL
OCT.	CUSHING I.S.D.	5/137	2/75	1/20		8/232
	NACOGDOCHES H.S., NISD				12/300	12/300
NOV.	CHRIST EPISCOPAL, PRIVATE	6/123	1/31			7/154
	CARPENTER ELEMENTARY, NISD	20/410				20/410
DEC.	EARLY CHILDHOOD LAB	2/44				2/44
	FIRST BAPTIST DAY SCHOOL, PRIVATE	1/21				1/21
	CARPENTER ELEMENTARY, NISD	9/206				9/206
JAN.	TANGLEWOOD	2/40				2/40
	CARPENTER ELEMENTARY, NISD	9/193	10/231			19/424
	NETTIE MARSHALL ELEM, NISD	11/220	6/131			17/351
	RAGUET ELEMENTARY, NISD	16/342	8/213			24/555
	FREDONIA ELEMENTARY, NISD	32/704	16/342			48/1046
	T.J. RUSK, NISD		6/150			6/150
FEB.	FREDONIA HILL DAY SCHOOL, PRIVATE	4/101	2/54			6/155
	CENTRAL HEIGHTS			2/50	3/60	5/110
	NACOGDOCHES HIGH SCHOOL, NISD				12/300	12/300
	T.J. RUSK, NISD			20/543		20/543
MARCH	GARRISON I.S.D.	2/60		2/60	4/85	8/205
	ETOILE I.S.D.	2/40				2/40
	WODEN I.S.D.			2/60	2/50	4/110
	CENTRAL HEIGHTS I.S.D.	2/60		1/30	2/60	5/150
	DOUGLAS I.S.D.			3/60	3/60	6/120
APRIL	CENTRAL HEIGHTS ELEMENTARY	5/130	3/100			8/230
	DOUGLAS I.S.D.	4/80	3/60			7/140
	WODEN ELEMENTARY	8/185	6/150			14/335

		K-3	4-6	7-9	10-12	TOTAL
APRIL CONT.	CHIRENO I.S.D.	2/61	3/73			5/134
	GARRISON I.S.D.	2/46	2/53			4/99
	ETOILE I.S.D.		1/20	1/20		2/40
MAY	MARTINSVILLE I.S.D.	2/42	1/33	1/22	2/48	6/145
	GARRISON I.S.D.	2/50	4/100	2/50	2/50	10/250
TOTAL		148/3295	74/1816	35/915	42/1013	299/7039

TOTAL NUMBER OF PRESENTATIONS: 299

TOTAL NUMBER OF CHILDREN: 7,039

APPENDIX J

Data Collection Instruments

Children's Antivictimization Education Project

Grades K-3 Form A

Put your age next to where it says AGE (Point).

Circle the boy if you are a boy or the girl if you are a girl.

1. Which is a stranger to you: a man you know, or a teenage boy you don't know?

   Circle the person you think is a stranger.

2. If somebody you don't know knocked on your door when you were home alone, would you keep the door closed, or open it and see who it is?

   Circle the picture that shows what you would do.

3. Which is child abuse: having bruises from falling down, or being bruised by another person?

   Circle the picture that you think it is.

4. Does a child deserve to be badly hurt or abused if the child did something wrong?

   Circle the Y for Yes, or N for No.

5. Should you tell somebody if a person cuts, bruises, or burns your body?

   Circle Y for Yes, or N for No.

6. What should a boy do if he tells an adult about being hurt and the adult doesn't believe him: tell somebody else about it, or stop talking about it?

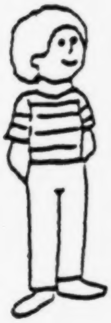
7. Which thing covers the private parts of your body: a bathing suit or shoes?

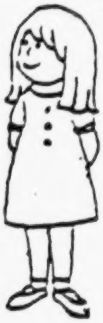
Children's Antivictimization Education Project

Form A

AGE ________

☐





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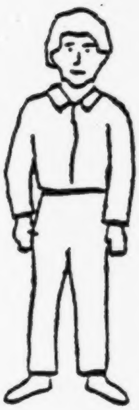

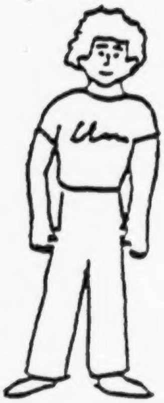

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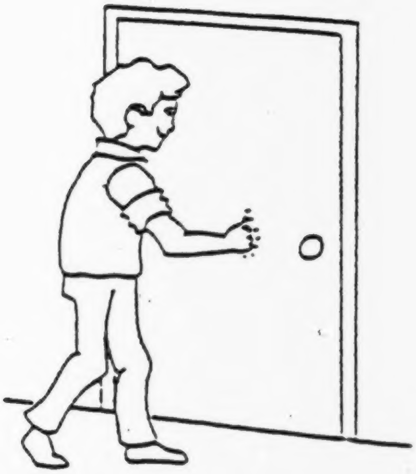

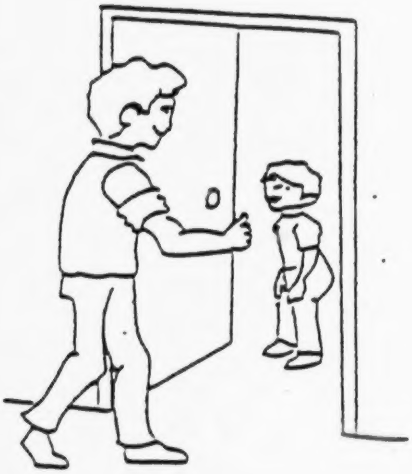

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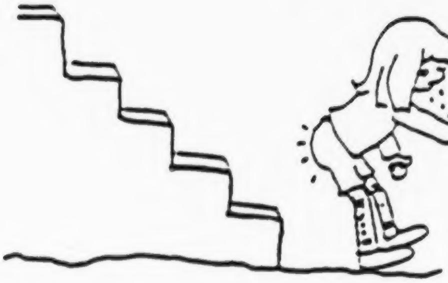
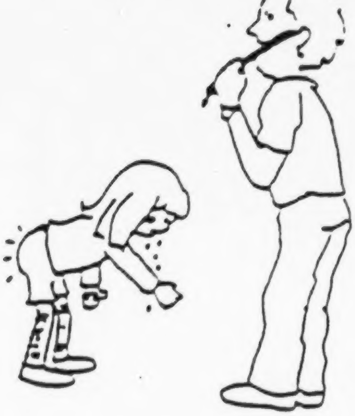
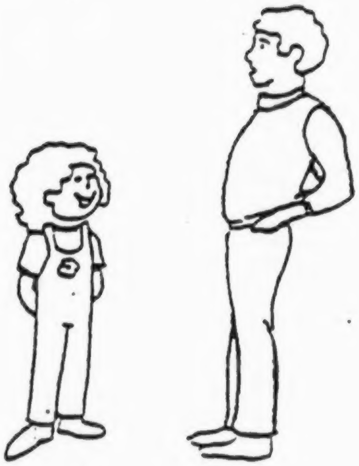


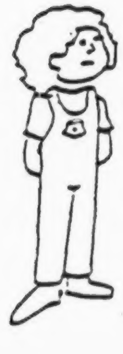


4 Y N

5 Y N

6





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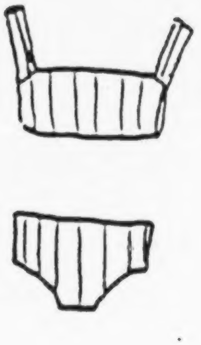

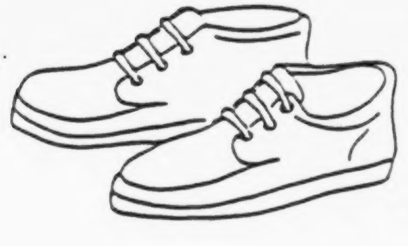

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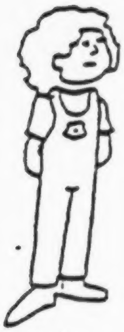

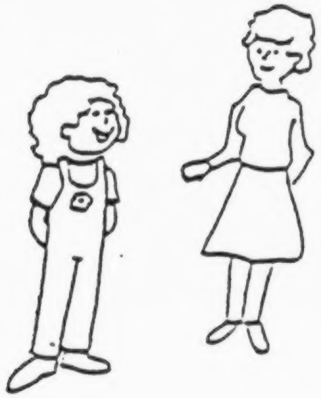

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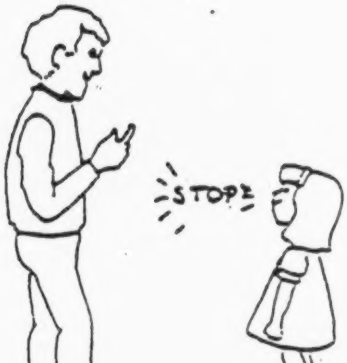

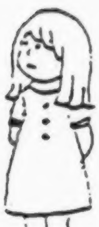

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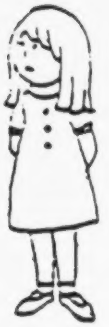

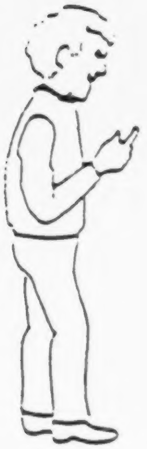

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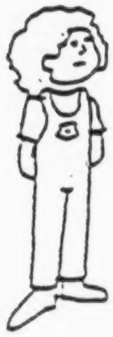

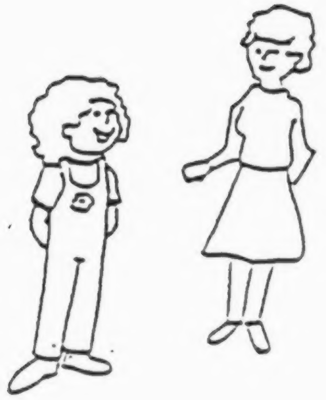

12 **Y** **N**

Children's Antivictimization Education Project

Grades K-3 Form B

Put your age next to where it says AGE (Point).

/

Circle the boy if you are a boy or the girl if you are a girl.

1. Which is a stranger: a lady that you've never seen before, or a teenage girl you've seen at school?

   Circle the picture you think is a stranger.

2. Which is child abuse: when another person hurts a child, or when a child gets hurt falling down?

   Circle the picture that shows child abuse.

3. What should a child do if another person cuts, scratches, or bruises that child's body: say nothing and keep it a secret, or tell somebody?

   Circle the picture that shows what to do.

4. Whose fault is it if a child is badly hurt or abused by another person: the child's fault or the other person's fault?

5. When a person says things to you that make you feel bad, should you tell the person, or keep it to yourself?

6. Which covers the private parts of your body: a hat or a bathing suit?

7. Could someone who hurts a child be a pretty lady?

   Circle the Y for Yes, or N for No.

8. What should a girl do if an adult is touching the private parts of her body: be polite and say nothing, or say "no" or "stop it"?

9. If another person touches you in ways you don't like, is it your fault?

Circle Y for Yes, or N for No.

10. What can a boy do if he tells an adult about a person touching the private parts of his body, but nobody does anything about it: Keep quiet about it, or tell somebody else?

11. A woman you don't know comes up to you and tells you that your mom is hurt. She says your mom told her to take you to see her. Should you say "No", or go with her?

12. If an adult bruises a child and says the child deserves it, should that child tell somebody about it?

Circle Y for Yes, or N for No.

Children's Antivictimization Education Project

Form B

AGE ________

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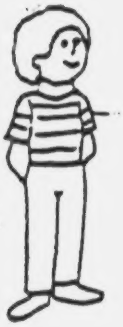

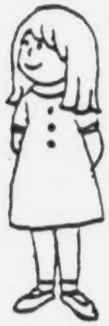

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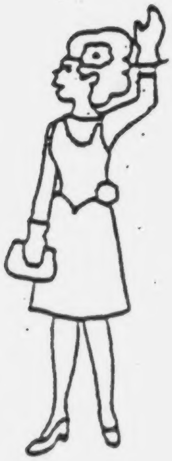

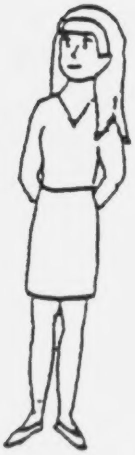

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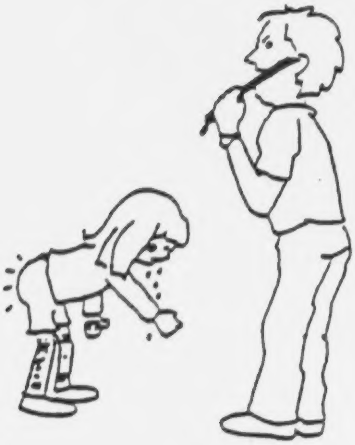

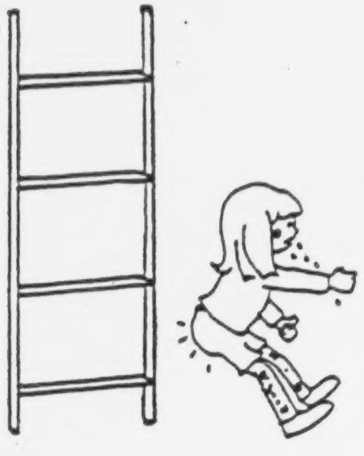

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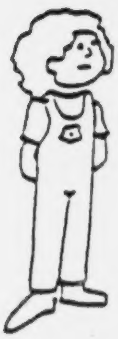

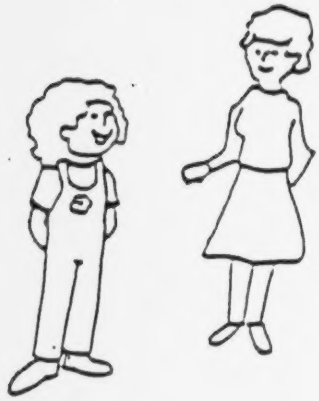

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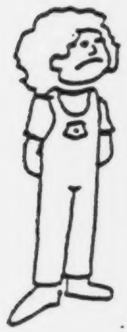

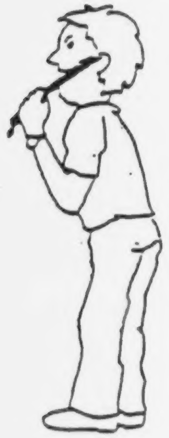

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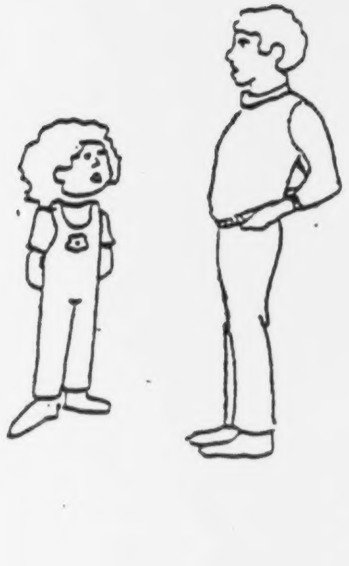
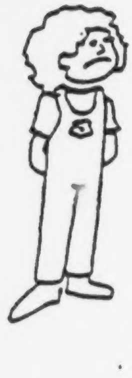
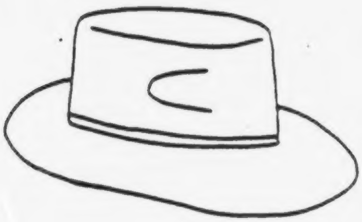
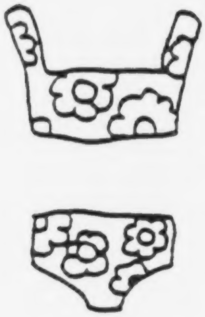
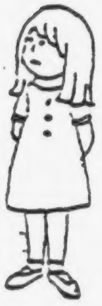
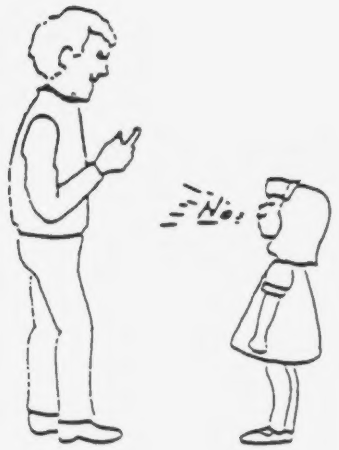




6  

7 **Y** **N**

8  

9 **Y** **N**

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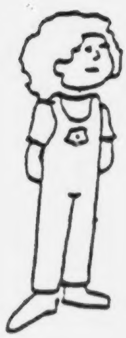

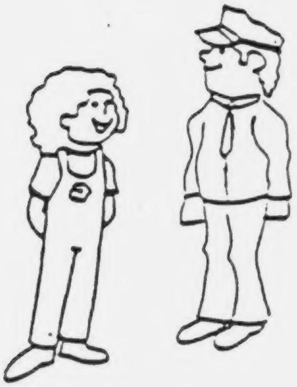

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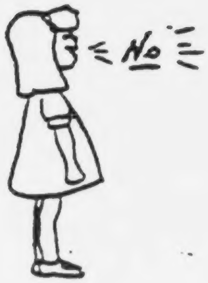
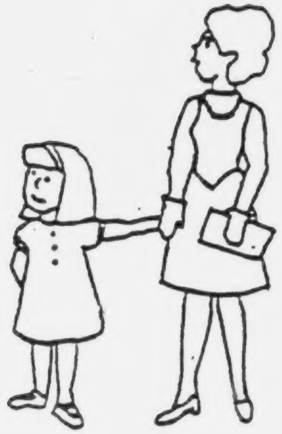




12 Y N

Children's Antivictimization Education Project

Grades K-3 Form A/Español

Escribe tu edad aquí, donde dice EDAD (Señale).

Si eres un niño, marca un círculo alrededor de la figura del niño; si eres una niña, marca un círculo alrededor de la figura de la niña.

1. ¿Cuál es un **desconocido**, un señor que tú **conoces** o un muchacho mayor **que no conoces**?

   Marca el dibujo de la persona **desconocida**.

2. Si una persona que **tú no conoces** tocará a la puerta de tu casa cuando estabas allí solito, ¿qué harías? ¿Dejar la puerta cerrada o **abrirla** para ver quién es?

   Marca el dibujo que muestra lo que tú harías.

3. ¿Cuándo es abuso de niños, cuando un niño tiene moretones porque **se cayó**, o cuando tiene moretones causados **por otra persona**?

   Marca el dibujo que muestra abuso de niños.

4. El niño que hace mal, ¿**merece un castigo severo** que le haga daño?

   Marca S para decir Sí, o N para decir No.

5. Si alguna persona te corta o te hace un moretón o una quemadura en el cuerpo, ¿debes **contárselo** a otra persona?

   Marca S para decir Sí, o N para decir No.

6. Si un niño le cuenta a un adulto que otra persona le ha lastimado, y el adulto **no se lo quiere creer**, ¿qué **debe hacer el niño**? ¿Debe **contárselo** a alguien más, o ya no debe decir nada?

7. ¿Cuál cubre las **partes privadas** del cuerpo, el **traje de baño** o los zapatos?

8. ¿Si un adulto te toca las partes privadas del cuerpo y te dice que no se lo cuentes a nadie, ¿qué debes hacer? ¿Debes guardar el secreto o debes contárselo?

9. Si un adulto te toca de una manera que **no te gusta**, ¿debes **decirle** que no te haga eso o no **debes decirle nada**?

10. ¿Quién tiene la **culpa** si una persona le toca a una niña de una manera que a la niña **no le gusta**? ¿Es culpa de la **niña** o es culpa de la **otra persona**?

11. Cuando otra persona te dice cosas que te duelen mucho, ¿debes **guardarlo secreto** o debes **contárselo a alguien**?

12. ¿Es posible que la persona que abusa a un niño podría ser una persona que el niño **conoce**?

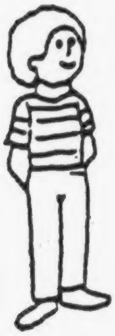
Marca S para decir Sí, o N para decir No.

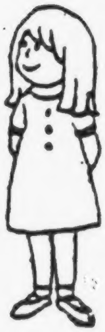
Children's Antivictimization Education Project

Form A

EDAD ______

☐





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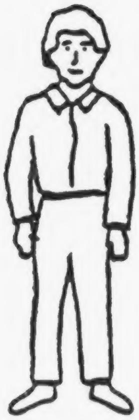

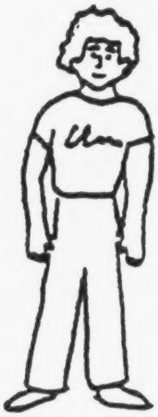

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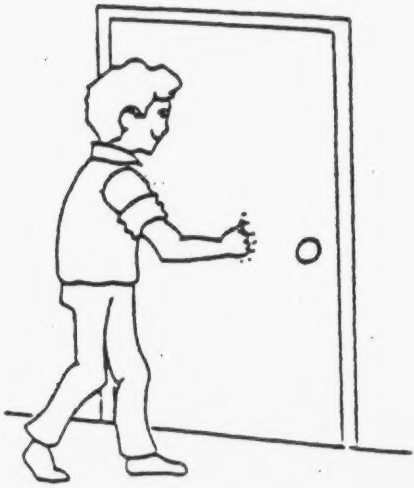

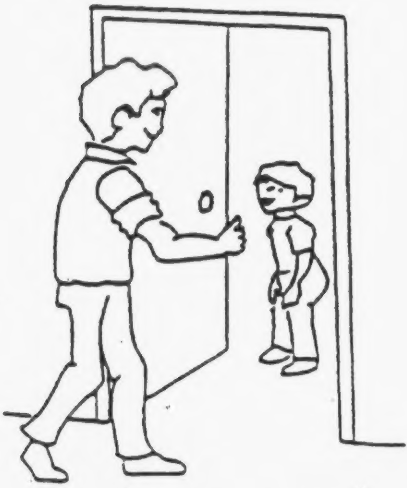

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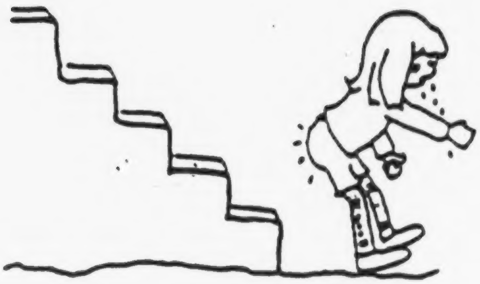

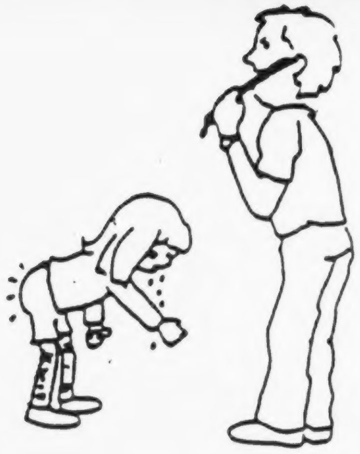

4 **S** **N**

5 **S** **N**

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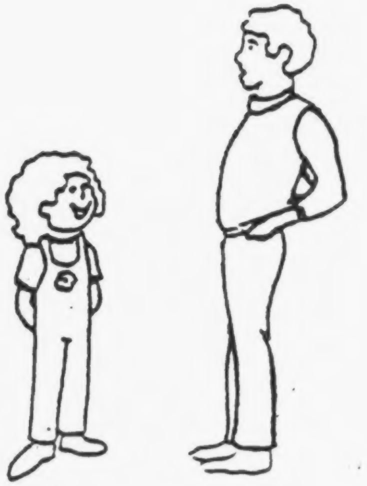

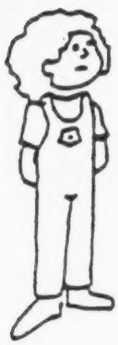

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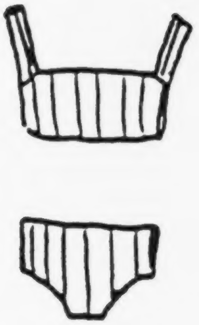

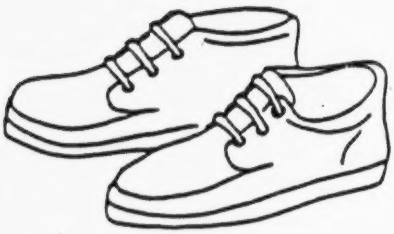

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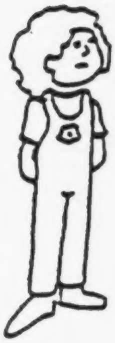

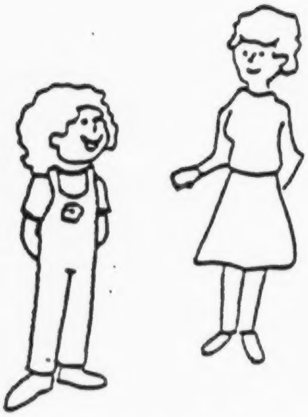

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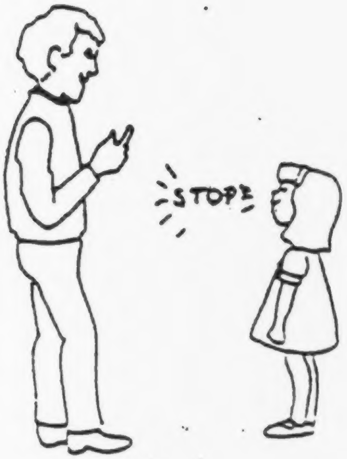

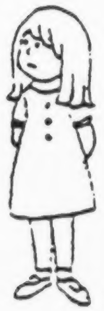

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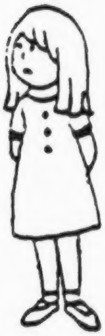

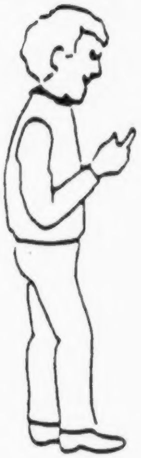

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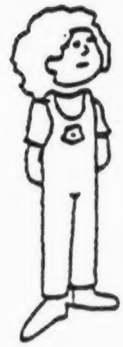
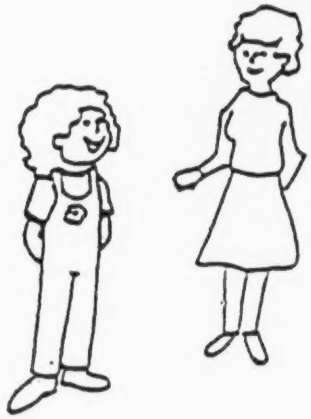




12 **S** **N**

Children's Antivictimization Education Project

Grade K-3 Form B/Español

Escribe tu edad aquí, donde dice EDAD (Señale).

Si eres un niño, marca un círculo alrededor de la figura del niño; si eres una niña, marca un círculo alrededor de la figura de la niña.

1. ¿Cuál sería una **desconocida**, una señora que tu **nunca has visto antes** o una muchacha mayor que has **visto** en la escuela?

   Marca el dibujo de la persona **desconocida**.

2. ¿Cuándo es **abuso de niños**, cuando la herida de un niño es causada por **otra persona** o cuando un niño **se lastima al caerse**?

   Marca el dibujo que muestra **abuso de niños**.

3. ¿Qué debe **hacer** un niño si otra persona le hace una cortada en el cuerpo, le rasguña o le causa un moretón? ¿No decir nada y guardar el **secreto**, o **contárselo** a otra persona?

   Marca el dibujo que muestra lo que debe hacer.

4. ¿Quién tiene la **culpa** si un niño es **severamente** herido o abusado por otra persona? ¿Es culpa del niño, o es culpa de la otra persona?

5. Si alguna persona te **dice** cosas que te hacen **sentirte mal**, ¿debes **decírselo** a esa persona o no debes **decir nada**?

6. ¿Cuál cubre las **partes privadas** del cuerpo, un **sombrero** o un **traje de baño**?

7. ¿Es posible que la persona que abusa a un niño podría ser una **señora que se ve bonita**?

   Marca S para decir **Sí**, o N para decir No.

8. ¿Qué debe hacer una niña si un adulto le está tocando las partes privadas del cuerpo? ¿Debe ser cortés y no decir nada, o debe decir, "¡No!" o "¡No me hagas eso!"

9. Si otra persona te toca de una manera que no te gusta, ¿tienes tú la culpa?

Marca S para decir Sí, o N para decir No.

10. ¿Qué puede hacer un niño si le cuenta a un adulto que otra persona le ha tocado las partes privadas del cuerpo, y el adulto no hace nada? ¿Ya no debe decir nada el niño, o debe contárselo a alguien más?

11. Se te acerca una señora que no conoces y te dice que tu mamá ha tenido un accidente. Dice que tu mamá le pidió que te llevara a verla. ¿Debes decirle "No" a esa señora, o debes ir con ella?

12. Si un adulto golpea a un niño dejándole moretones y dice que el niño lo merece, ¿debe contárselo el niño a otra persona?

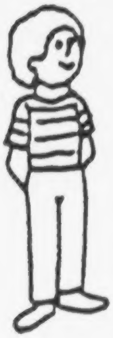
Marca S para decir Sí, o N para decir No.

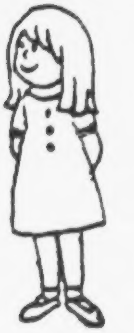
Children's Antivictimization Education Project

Form B

EDAD ________

☐





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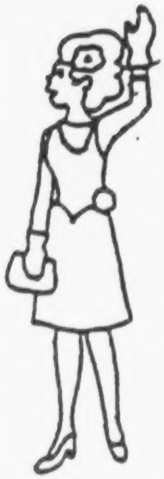

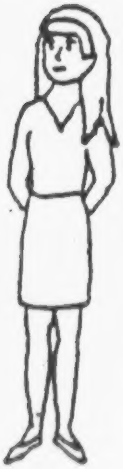

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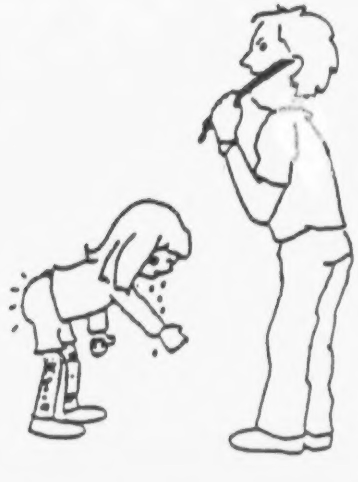

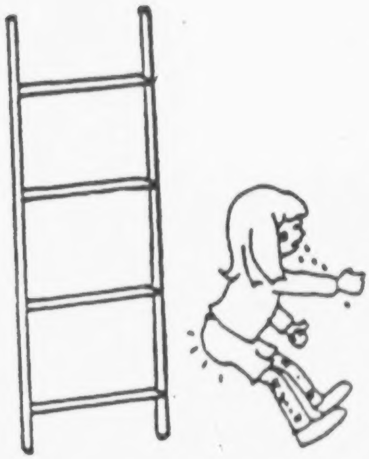

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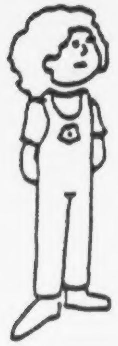

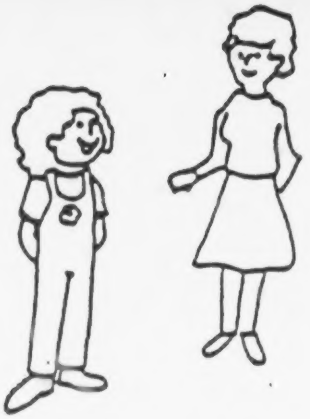

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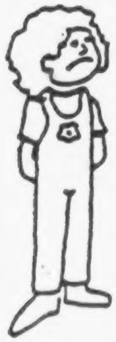

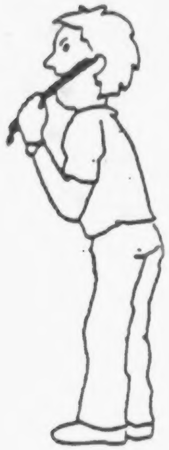

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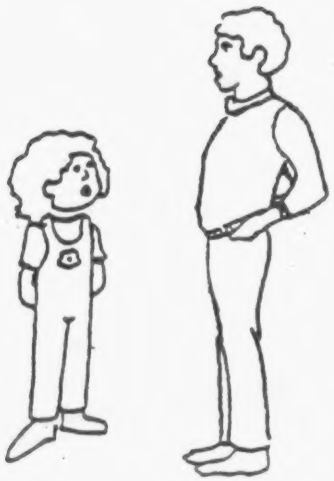

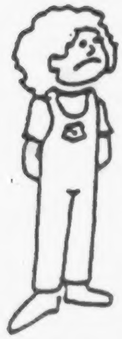

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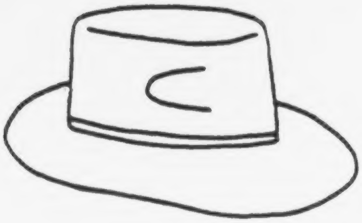

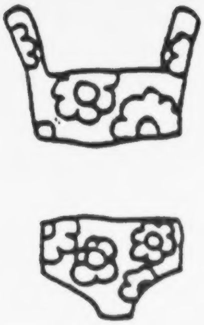

7 S N

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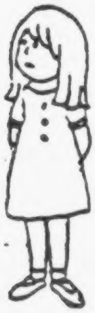

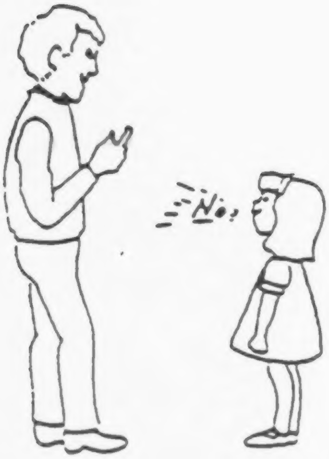

9 S N

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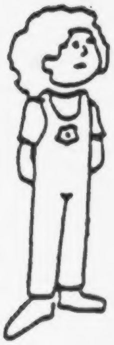

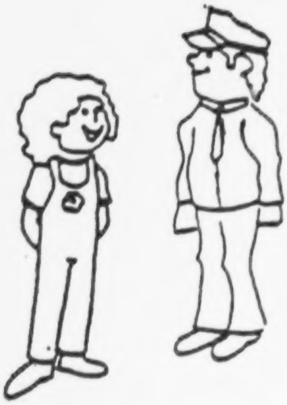

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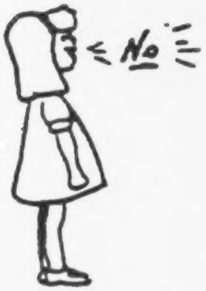

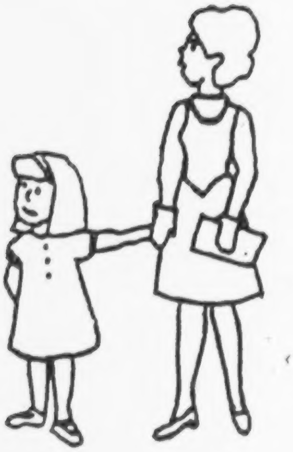

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Children's Antivictimization Education Project

Grades 4-6 Form A

YOUR SCHOOL____________________ TODAY'S DATE________________

YOUR TEACHER___________________ YOUR GRADE__________________

YOUR AGE____________________

YOU ARE A (circle one) BOY GIRL

Circle just one answer for each question.

1. Who can be victims?
   a. Children of all ages
   b. Only babies and young children
   c. Only older children

2. What is child abuse?
   a. When children have bruises, cuts, or burns that another person caused.
   b. When children cry because adults won't give them what they want.
   c. When children have chores to do.

3. Whose fault is it if a child is abused by another person?
   a. Nobody's fault
   b. The child's fault
   c. The other person's fault

4. If you are abused, what should you do?

   a. Just wait. Maybe it will stop by itself.

   b. Tell somebody about it.

   c. Learn to fight back.

5. How can you tell if a person is dangerous?

   a. From the clothes the person wears.

   b. From how old the person is.

   c. From how the person acts.

6. Mary's babysitter is an older boy from the neighborhood. One night he tells Mary she can stay up late to watch TV if she plays a special undressing game. What should Mary say?

   a. "OK."

   b. "How late can I stay up?"

   c. "No, I won't do that."

7. A boy's aunt is abusing him but he is afraid that if he tells anybody, his aunt will get into trouble. What should he do to stop the abuse?

   a. Tell somebody about it.

   b. Keep quiet about it.

   c. Just try to ignore his aunt.

8. If an adult touches the private parts of a child's body, is it ever the child's fault?

   a. Yes, when the child acts too grown-up.

   b. No, never.

   c. Yes, when the child doesn't try hard to get away.

9. Jim and Jane are playing outside. A man comes up and says he will give them a record album if they go for a walk with him. What should Jim and Jane do?

   a. Take the record but don't go with him.

   b. Say "no" and get away from the man.

   c. Go with him but don't take the record.

10. If someone keeps touching you in a way you don't like, it is a good idea to:

    a. tell your parents or teacher.

    b. make sure the person doesn't get angry.

    c. keep it a secret.

11. Suppose you tell an adult about someone touching the private parts of your body, and the adult doesn't believe you? What is the best thing to do?

    a. Take care of the problem yourself.

    b. Argue with the adult.

    c. Tell another adult you trust.

12. If somebody you don't know comes to your home when you are there alone, the best thing to do is:

    a. keep the door locked and don't answer it.

    b. tell the person where your parents are.

    c. show the person a stick or knife through the window.

Children's Antivictimization Education Project

Grades 4-6

Form B

YOUR SCHOOL____________________

TODAY'S DATE________________

YOUR TEACHER___________________

YOUR GRADE__________________

YOUR AGE____________________

YOU ARE A (circle one) BOY GIRL

Circle just one answer for each question.

1. When you are home alone, it is a good idea to:
   a. have a place to hide if someone comes to the door.
   b. know where to find a big stick or a knife.
   c. keep the doors locked.

2. How can you tell if a person might try to hurt you?
   a. From what the person does.
   b. From the way the person looks.
   c. From how big the person is.

3. Who can be victims?
   a. Boys
   b. Girls
   c. Both boys and girls

4. Sam is buying milk at the store. A women he doesn't know comes up and says she will give him money if he helps her find her dog. If you were Sam, what would you do?

   a. Take the money and help the woman.

   b. Say no and get away from her.

   c. Help the woman but don't take any money.

5. What is child abuse?

   a. When a child gets hurt by accident.

   b. When a child can't play when he wants to.

   c. When another person causes cuts or burns on a child's body.

6. If somebody is hurting you, what is the best thing to do?

   a. Tell somebody about it.

   b. Pretend it isn't happening.

   c. Keep it a secret.

7. What is a good thing to do if an adult touches the private parts of your body?

   a. Wait for somebody to help you.

   b. Tell the adult to stop it.

   c. Be polite and don't act silly.

8. Whose fault is it if somebody touches the private parts of a child's body?

   a. The child's fault.

   b. Nobody's fault.

   c. The other person's fault.

9. A girl's uncle hurts her, but she's afraid he'll hurt her more if she tells anybody. What should she do?

    a. Keep quiet about it.

    b. Tell her parents or teacher anyway.

    c. Stay in her room when her uncle is around.

10. What is the best thing to do if someone you know is touching you in ways that you don't like?

    a. Tell somebody you trust.

    b. Slap the person the next time it happens.

    c. Keep it a secret and wait for the person to stop.

11. What if you tell somebody about an older girl touching the private parts of your body, but nobody does anything to help you? What is the best thing to do next?

    a. Give in and don't talk about it any more.

    b. Keep waiting and try to forget about the problem.

    c. Tell somebody else you trust.

12. Why do some children get abused by other people?

    a. They are smaller and weaker than other people.

    b. They lie and get punished for it.

    c. They are bad and deserve to be hurt.

Children's Antivictimization Education Project

Grades 4-6 Form A/Español

TU ESCUELA________________________ LA FECHA________________

TU MAESTRO
o MAESTRA________________________ TU GRADO________________

TU EDAD________________

TU ERES (Marca con un círculo) UN NIÑO UNA NIÑA

Para cada pregunta, encierre en un círculo una sola respuesta.

1. ¿Quíenes pueden ser víctimas?

   a. Los niños de cualquier edad

   b. Sólo los bebés y los niños pequeños

   c. Sólo los niños más grandes

2. ¿Cuándo es abuso de niños?

   a. Cuando los niños tienen moretones, cortadas, o quemaduras que otra persona le hace.

   b. Cuando un niño llora porque un adulto no le da lo que quiere.

   c. Cuando los niños tienen algo que hacer en la casa.

3. Si al niño se le abusa por otra persona, ¿quíen tiene la culpa?

   a. Nadie tiene la culpa.

   b. El niño tiene la culpa.

   c. La otra persona tiene la culpa.

4. Si alguien abusa de tí, ¿qué debes hacer?

   a. Esperar. Ojalá que no vuelva a pasar.

   b. Avisar a alguien.

   c. Aprender a pelear para defenderte.

5. ¿Cómo puedes saber si una persona es peligrosa?

   a. Por la ropa que lleva puesta la persona.

   b. Por la edad de la persona.

   c. Por las acciones de la persona.

6. Un muchacho grande de la vecinidad está cuidando a Maria. Una noche él le dice a María que puede desvelarse y mirar la televisión si juega con él un juego especial de desvestirse. ¿Qué debe decir María?

   a. "Está bien."

   b. "Hasta cuándo puedo desvelarme?"

   c. "No, yo no hago eso."

7. La tía de un muchacho lo está abusando pero él teme que si lo cuenta, mete en un lío a la tía. ¿Qué debe hacer para poner fin al abuso?

   [✓ a. Contárselo.]

   b. No decir nada.

   c. Tratar de no hacerle caso a la tía.

8. Si un adulto le toca las partes privadas del cuerpo a un niño, ¿es a veces por culpa del niño?

   a. Sí, si el niño se cree ya un adulto.

   b. No, nunca.

   c. Sí, si el niño no hace todo lo que puede para escaparse.

9. Diego y Juana están jugando afuera. Se les acerca un hombre y les dice que les va a dar un disco si van de paseo con él. ¿Qué deben hacer Diego y Juana?

   a. Aceptar el disco pero no acompañar al hombre.

   b. Decir, "No" y alejarse del hombre.

   c. Ir de paseo con el hombre pero no aceptar el disco.

10. Si alguna persona persiste en tocarte de alguna manera que no te gusta, es buena idea:

   a. Contárselo a tus papás o a tu maestra.

   b. Cuidar de que no se enoje esa persona.

   c. Guardar el secreto.

11. Vamos a decir que tú le dices a un adulto que cierta persona te tocó las partes privadas del cuerpo y el adulto no te lo cree. ¿Qué puedes hacer entonces?

   a. Resolver el problema tú solo.

   b. Averiguar con el adulto.

   c. Contárselo a otro adulto de confianza.

12. Si una persona que no conoces toca a la puerta cuando tú estás solo en la casa, es mejor:

   a. Dejar la puerta cerrada con llave y no contestar.

   b. Decir donde están tus papás.

   c. Mostrarle por la ventana un palo o un cuchillo.

Children's Antivictimization Education Project

Grades 4-6 Form B/Español

TU ESCUELA________________________ LA FECHA________________

TU MAESTRO
o MAESTRA________________________

TU GRADO________________

TU EDAD________________

TU ERES (Marca con un círculo) UN NIÑO UNA NIÑA

Para cada pregunta, encierre en un círculo una sola respuesta.

1. Cuando estás solo en la casa, es buena idea:
   a. tener un lugar donde esconderte cuando alguien toca a la puerta.
   b. tener a mano un palote o un cuchillo.
   c. tener las puertas siempre cerradas con llave.

2. ¿Cómo puedes saber si una persona es capaz de lastimarte?
   a. Por las acciones de la persona.
   b. Por como se ve la persona.
   c. Por el tamaño de la persona.

3. ¿Quíenes pueden ser víctimas?
   a. Los niños
   b. Las niñas
   c. Tanto los niños como las niñas

4. Sam está comprando leche en la tienda. Se le acerca una señora desconocida y le dice que le dará dinero si él le ayuda a encontrar a su perrito. Si tú fueras Sam, ¿qué harías?

   a. Aceptar el dinero y ayudar a la señora.

   b. Decir no y alejarse de la señora.

   c. Ayudar a la señora, pero sin aceptar ningún dinero.

5. ¿Qué es abuso de niños?

   a. Cuando el niño se lastima accidentalmente.

   b. Cuando el niño quiere jugar y no lo dejan.

   c. Cuando un niño recibe cortadas o quemaduras ocasionadas por otra persona.

6. Si una persona te hace daño, ¿qué debes hacer?

   a. Contárselo a alguien.

   b. Pretender que no sucede nada.

   c. Guardarlo en secreto.

7. ¿Qué debes hacer si un adulto te toca las partes privadas del cuerpo?

   a. Esperar hasta que otra persona te venga a ayudar.

   b. Decirle al adulto que no lo haga.

   c. Ser cortés y no hacer tonterías.

8. ¿Quíen tiene la culpa si otra persona le toca las partes privadas del cuerpo a un niño?

   a. El niño tiene la culpa.

   b. Nadie tiene la culpa.

   c. La otra persona tiene la culpa.

9. El tío de una niña le hace algo que le duele. La niña cree que puede hacerle algo peor si lo cuenta. ¿Qué debe hacer?

   a. No decir nada.

   b. Contarlo de todos modos a sus padres o a su maestra.

   c. Quedarse en su cuarto cuando está en la casa el tío.

10. Si alguna persona que tú conoces persiste en tocarte de una manera que no te gusta, ¿Qué debes hacer?

   a. Avisar a alguna persona de confianza.

   b. Darle una cachetada la próxima vez que sucede.

   c. Guardarlo secreto y esperar hasta que buenamente deje de hacerlo.

11. Vamos a decir que tú te quejas con otra persona de una muchacha mayor que siempre quiere tocarte las partes privadas del cuerpo, pero esa persona no hace nada para ayudarte. ¿Entonces qué es lo que debes hacer?

   a. Darte por vencido y ya no mencionarlo.

   b. Esperar con paciencia y tratar de olvidarte del problema.

   c. Contarlo a otro adulto que merece tu confianza.

12. ¿Por qué será que algunos niños son abusados por otras personas?

   a. Porque los niños todavía no son tan grandes y fuertes como las otras personas.

   b. Porque los niños son castigados por ser mentirosos.

   c. Porque los niños son malos y merecen ser castigados.

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Grades 7-9

Form A

SCHOOL____________________ TODAY'S DATE____________________

TEACHER'S NAME____________________ GRADE____________________

AGE____________________ CLASS PERIOD____________________

SEX (circle one): MALE FEMALE

1. Who are likely to be victims? (circle one)
   a. Boys only.
   b. Girls only.
   c. Small children only.
   d. Boys and girls of all ages.

2. What is peer pressure? (circle one)
   a. Your parents telling you what to do all the time.
   b. Being influenced by what your friends do or say.
   c. Using drugs and keeping it a secret.
   d. Having sex without being married.

3. What is the best reason for not giving in to peer pressure? (circle one)
   a. your parents won't get angry at you.
   b. your friends will like you more.
   c. you keep control over your own decisions.
   d. you will stay out of trouble.

4. Let's say you are at the movies and the friend you are with goes to buy some popcorn. While you are alone, a woman sits down next to you and puts her arm around you. You feel confused and scared. What do you do? (circle one)

   a. Cover yourself with your arms but don't say anything because you are suppose to be quiet in a movie theatre.

   b. Just sit there and pretend she's not there.

   c. Get away and tell the manager immediately.

   d. Turn towards her, smile and then slap her hard.

5. Let's say you have a friend who tells you that her boyfriend wants her to have sex with him but she doesn't want to. What would you tell your friend? (circle one)

   a. Tell her to say that she likes him but she doesn't want to have sex.

   b. Tell her to say that she won't like him if he keeps asking.

   c. Tell her to push him away or kick him when he tries something.

   d. Tell her not to say anything for a while; he'll get the message.

6. What would you tell a friend if he told you his older brother kept touching him in a way that made him feel uncomfortable? (circle one)

   a. Go along with it for now so his brother won't get mad.

   b. Go along with it because you can't "tell on" members of your own family.

   c. Tell his brother to stop and then tell his parents about it.

   d. Keep it a secret from his parents so they won't get upset.

7. Suppose you told your mother about an older relative who kept making passes at you but your mother didn't believe you. What is the best thing to do? (circle one)

   a. Tell another trusted adult about it.

   b. Just put up with the relative until you are old enough to leave home.

   c. Try to stay away from the relative.

   d. Say something to make the relative angry and stop bothering you.

8. Who is to blame if someone abuses a teenager? (circle one)

   a. The teenager.

   b. The abuser.

   c. Drugs or alcohol

   d. Both the teenager and the abuser.

9. People who abuse others-- (circle one)

   a. are crazy.

   b. hate the people whom they abuse.

   c. must be driven to it by something the victim does.

   d. have problems and take them out on an available victim.

10. Is running away from a bad home situation a good idea? (circle one)

   a. Yes, because it gets you away from people that hurt you.

   b. Yes, because it makes you independent.

   c. No, because it makes you even more vulnerable to danger.

   d. No, because it hurts your friends' feelings.

11. Jane's stepmother yells at her a lot and kicks her. Jane told her dad about it, but her dad said she must have done something to deserve it. What would you tell Jane to do? (circle one)

    a. Be very polite to her stepmother and stop making her angry.

    b. Tell another adult.

    c. Hit the stepmother back the next time she hassles Jane.

    d. Leave home as soon as she can.

12. If you are being hurt in a physical, sexual, or emotional way, you should always— (circle one)

    a. tell the person who is hurting you to stop and then tell an adult you trust.

    b. ignore the person hurting you for as long as you can.

    c. try to fight back by hurting the person who is abusing you.

    d. make sure you don't do anything to deserve it so the person will stop.

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Grades 7-9

Form B

SCHOOL____________________ TODAY'S DATE____________________

TEACHER'S NAME____________________ GRADE____________________

AGE____________________ CLASS PERIOD____________________

SEX (circle one) : MALE FEMALE

1. Who are likely to be victims? (circle one)
   a. Girls only.
   b. Bad children only.
   c. Anyone who is weak or vulnerable.
   d. Poor people only.

2. Which is an example of peer pressure? (circle one)
   a. A friend asks you to go out with him.
   b. Your parents won't let you stay out as late as you want to.
   c. You get in trouble at school.
   d. Your friends want you to get high when you don't want to.

3. What is most dangerous about peer pressure? (circle one)
   a. You lose control over your own decisions.
   b. You lose some of your friends.
   c. You can get into trouble.
   d. You can be hurt by your friends.

4. Suppose that while you are at the post office, you see a woman who lives near you. She starts talking to you and puts her arm around your waist and her face very close to yours. You feel uncomfortable. What do you do? (circle one)

   a. Be polite and bear with it until she leaves you alone.

   b. Defend yourself by pushing her away and telling her to get lost.

   c. Ask her how her husband and children are.

   d. Move away from her and talk to your parents about it when you get home.

5. What is the best thing to do if somebody you are dating keeps making sexual advances that make you uncomfortable? (circle one)

   a. Tell the person you are uncomfortable and ask him or her to stop.

   b. Give in a little so you won't hurt your date's feelings.

   c. Do or say something that will make the person angry and stop.

   d. Try not to pay any attention to your date's advances. If you ignore it, it will stop.

6. Your girlfriend has told you that her uncle puts his hand on her upper thigh whenever he gets the chance. She doesn't want him to do it anymore but she feels mixed-up about what to do. What can you tell her to do? (circle one)

   a. Tell her not to confront her uncle because he'll get mad.

   b. Tell her to tell her uncle to stop and to tell her parents about it.

   c. Tell her to cry when he does it so he'll feel bad.

   d. Tell her to stay in her room whenever he's at her home.

7. Suppose a friend tells you that his aunt keeps making passes at him whenever she visits. He is afraid that if he tells his parents, they'll think he led her on. What would you tell him to do? (circle one)

   a. Start being rude to his aunt so she will stop bothering him.

   b. Tell his parents anyway and if they blame him for it, tell somebody else.

   c. Keep the problem a secret so his parents won't get angry at him.

   d. Try to stay in his room whenever his aunt is visting.

8. Does a teenager girl ever deserve to be abused by another person?

   a. Yes, if the teenager did something wrong.

   b. Yes, if she acts wild.

   c. No, nobody deserves to be abused.

   d. No, people shouldn't hit girls.

9. People who abuse their children do it because: (circle one)

   a. they lose control over themselves and take out frustrations on their children.

   b. they don't want their children.

   c. their children drove them to it.

   d. they drink or abuse drugs.

10. Is it a good idea to run away from home? (circle one)

   a. No, you could get hurt more away from home than at home.

   b. Yes, if you can't talk about your problems with your parents or friends.

   c. Yes, if it gets you away from someone who is abusing you sexually or physically.

   d. No, because it is against the law for minors to be on their own.

11. When Greg's father has had too much to drink, he hits Greg and tries to start fights with him. Greg told his mother about it, but she said he is exaggerating, that his father would never be so violent. What should Greg do now? (circle one)

a. Put up with it and hope it will stop. If his own mother doesn't believe him, nobody will.

b. Try to stay at a friend's house whenever his dad is drinking.

c. Tell his school counselor or teacher.

d. Start to fight back when his dad starts hitting him.

12. One good way to protect yourself from being a victim is— (circle one)

a. know what to do when you're in a situation that could be dangerous.

b. always have enough money so you can run away if you have to.

c. don't get too close to anyone.

d. keep it to yourself and don't cause trouble if you are abused or hassled.

Children's Antivictimization Education Project

Grades 7-9 Form A/Spanish

FECHA DE HOY__________

ESCUELA__________________________ GRADO________________

MAESTRO__________________________ PERIODO DE CLASE______

EDAD_____________________________

SEXO (Marca con un círculo) HOMBRE MUJER

1. ¿Quíenes pueden ser víctimas? (Marca uno.)

   a. Sólo los chicos.

   b. Sólo las chicas.

   c. Sólo los niños pequeños.

   d. Jóvenes de cualquier sexo y edad.

2. ¿Cuál es un ejemplo de la presión de tus coiguales? (Marca uno.)

   a. Cuando tus padres te dicen constantemente lo que debes de hacer.

   b. Cuando tus acciones son gobernadas por lo que hacen o dicen tus amigos.

   c. Cuando usas drogas en secreto.

   d. Cuando tienes relaciones sexuales sin ser casado.

3. ¿Cuál es la mejor razón por no dejarse gobernar por lo que hacen o dicen los compañeros? (Marca uno.)

   a. Tus padres no se enojarán contigo.
   b. Tus amigos te querrán mejor.
   c. Controlas tus decisiones tu mismo.
   d. No te meterás en borlotes.

4. Vamos a suponer que tu estás en el cine con un amigo y tu amigo sale para ir a comprar palomitas. Mientras èstás tú solo, se sienta una señora junto a ti y pone su brazo alrededor de ti. Te pones confuso y asustado. ¿Qué debes de hacer? (Marca uno.)

   a. Cubrirte con los brazos sin decir nada porque no se debe hablar en el teatro.
   b. Quedarte sentado y hacer como si no estuviera ella allí.
   c. Alejarte de ella inmediatamente y quejarte con el mayordomo del teatro.
   d. Darle la cara, sonreir y entonces darle una fuerte cachetada.

5. Vamos a suponer que una amiga te cuenta que su novio quiere tener relaciones sexuales con ella pero que ella no quiere. ¿Qué le dirías a tu amiga? (Marca uno.)

   a. Que le diga a su novio que lo quiere pero que no quiere tener relaciones sexuales con nadie.
   b. Que le diga a su novio que si persiste, ya no lo va a querer.

c. Que cada vez que el novio intente hacer algo, le dé un empujón o una patada.

d. Que no diga nada por un tiempo; el novio comprenderá.

6. ¿Qué consejos le darías a un amigo que te confía que su hermano mayor persiste en tocarlo de una manera que le molesta? (Marca una.)

a. Que no haga nada para que no se enoje el hermano.

b. Que no haga nada porque no debe "tracionar" a los miembros de su propia familia.

c. Que le marque el alto al hermano y que luego les cuente todo a los padres.

d. Que guarde el secreto de sus padres para que no se enojen.

7. Vamos a suponer que aunque tú le dices a tu mamá que un pariente grande persiste en hacerte insinuaciones amorosas, tu mamá no te cree. ¿Qué debes hacer? (Marca una.)

a. Contárselo a otro adulto de confianza.

b. Tolerar al pariente hasta que tengas la edad de irte de la casa.

c. Evitar todo contacto con el pariente mañoso.

d. Decirle algo al pariente que lo haga enojar para que te deje en paz.

8. ¿Quién o qué tiene la culpa cuando alguien abusa de un adolescente? (Marca una.)

a. El adolescente.

b. El abusador.

c. Drogas o alcohol.

d. El adolescente y el abusador.

9. Personas que abusan a otras-- (Marca una.)

a. son locas.
b. odian a sus víctimas.
c. lo hacen por algo que hizo la víctima.
d. tienen problemas y quieren desquitarse.

10. ¿Es buena idea irse de la casa para escapar de una mala situación? (Marca una.)

a. Sí, porque te escapas de las personas que te lastiman.
b. Sí, porque te haces independiente.
c. No, porque te expones a todavía más peligros.
d. No, porque pueden sentirse tus amigos.

11. La madrastra de Juanita le grita mucho y le da patadas. Juanita se quejó con su papá, pero él le dijo que ella, Juanita, debía de haber hecho algo para merecerlo. ¿Que consejo le darías a Juanita? (Marca una.)

a. Que sea cortés con su madrastra y que no le haga enojar.
b. Que se queje con otro adulto.
c. Que la próxima vez que su madrastra haga un berrinche, le devuelva los golpes.
d. Que se escape de la casa lo más pronto posible.

12. Si te encuentras en una situación donde te están haciendo un daño físico, sexual, o emocional, siempre debes-- (Marca una.)

a. marcarle el alto a la persona que te hace daño y entonces quejarte con un adulto de tu confianza.

b. hacer lo menos caso posible de la persona que te hace daño.

c. tratar de defenderte y de lastimar a la persona que te hace daño.

d. procurar no hacer nada para merecer el abuso para que así te dejen en paz.

Children's Antivictimization Education Project

Grades 7-9 Form B/Spanish

ESCUELA____________________ FECHA DE HOY ____________

MAESTRO____________________ GRADO ____________________

EDAD_______________________ PERIODO DE CLASE __________

SEXO (Marca con un círculo) HOMBRE MUJER

1. ¿Quíenes pueden ser víctimas? (Marca uno.)
   a. Sólo las chicas.
   b. Sólo los niños malos.
   c. Cualquier persona debil y vulnerable.
   d. Sólo la gente pobre.

2. ¿Cuál es un ejemplo de la presión de tus coiguales? (Marca uno.)
   a. Cuando un amigo te pide que salgas con él.
   b. Cuando tus padres no te dejan salir tan tarde como tu quisieras.
   c. Cuando te metes en borlotes en la escuela.
   d. Cuando tus amigos quieren que te pongas loco y tu no quieres.

3. ¿Cuál es el más grande peligro de la presión de tus coiguales? (Marca uno.)
   a. Pierdes control sobre tus propias decisiones.
   b. Pierdes algunos de tus amigos.
   c. Te puedes meter en borlotes.
   d. Tus amigos te pueden herir.

4. Vamos a suponer que tu estás en la oficina de correos y ves a una señora que vive cerca de tu casa. Comienza ella a platicarte y te abraza por la cintura poniendo su cara muy cerca a la tuya. Te sientes muy incómodo. ¿Qué vas a hacer? (Marca uno.)
   - a. Ser cortés y aguantarte hasta que te deje en paz.
   - b. Defenderte, quitándotela de encima y diciéndole que te deje en paz.
   - c. Preguntarle cómo están su esposo y sus hijos.
   - d. Alejarte de ella y al llegar a tu casa, contarles a tus padres lo que pasó.

5. ¿Cuál reacción sería mejor cuando la persona con quien andas persiste en acariciarte de una manera que te hace sentirte incómodo? (Marca uno.)
   - a. Decirle a la persona que te deje de acariciar porque te sientes incómodo.
   - b. Llevarle la corriente un poco para no quedar mal.
   - c. Hacerle o decirle algo para que se enoje y pierda el ánimo.
   - d. Trata de no hacer caso de sus caricias. Si no haces caso, dejará de acariciarte.

6. Tu novia te cuenta que su tío acostumbra poner su mano sobre el muslo de ella cada vez que se presente la oportunidad. Ella quiere marcarle el alto, pero está un poco perpleja. ¿Qué le recomiendas que haga? (Marca uno.)
   - a. No oponerse al tío porque podría enojarse.
   - b. Decirle al tío que lo deje de hacer y contarles todo a sus padres.
   - c. Llorar cuando el tío la toca para que se compadezca de ella.
   - d. Quedarse en su cuarto cuando el tío esté presente.

7. Vamos a suponer que un amigo te cuenta que su tía persiste en hacerle caricias sexuales cuando llega de visita. Tiene miedo de que si les cuenta a sus padres, ellos creerán que él hizo algo para que ella reaccionara así. ¿Qué le recomiendas que haga? (Marca uno.)

   a. Comenzar a ser descortez con la tía para que lo deje en paz.

   b. De todos modos contarles a sus padres lo que pasa y si le echan la culpa a él, contarlo a otra persona.

   c. Guardarlo secreto para que así sus padres no se enojen con él.

   d. Tratar de quedarse en su cuarto cada vez que la tía llegue de visita.

8. ¿Podría dar el caso que una mujer adolescente mereciera alguna vez ser abusada por otra persona?

   a. Sí, si ella hizo algo mal.

   b. Sí, si da la impresión de ser muchacha loca.

   c. No, nadie merece ser abusado.

   d. No, no se les debe pegar a las mujeres.

9. La gente que abusa de sus hijos lo hace porque: (Marca uno.)

   a. pierde el control de sí mismo y se desquita de sus frustraciones abusando a los hijos.

   b. no quiere a sus hijos.

   c. los hijos hicieron algo para provocarlo.

   d. abusa del alcohol o de las drogas.

10. ¿Es buena idea escaparse de la casa? (Marca uno.)

   a. No, porque puedes sufrir más afuera de la casa que en casa.
   b. Sí, si es que no puedes discutir tus problemas con tus padres o amigos.
   c. Sí, si te vas para escaparte de alguien que te está abusando física o sexualmente.
   d. No, porque es contra la ley para los menores vivir independientemente.

11. Cuando el papá de Greg bebe mucho, golpea a Greg y trata de provocar un pleito con él. Greg se quejó con su mamá de eso, pero ella cree que lo está exagerando, y que el papá jamás es tan violento. Y ahora, ¿qué debe hacer Greg? (Marca uno.)

   a. Aguantarse con las esperanzas de que cambie la situación. Si su propia madre no lo cree, menos lo van a creer otra persona.
   b. Tratar de quedarse en la casa de un amigo cuando ve que su papá está bebiendo.
   c. Contárselo a su consejero de escuela o a un maestro.
   d. Defenderse como pueda cuando su papá comienza a pegarle.

12. Una buena manera de protegerte y evitar ser víctima es— (Marca uno.)

   a. saber que hacer cuando te encuentras en una situación que podría ser peligrosa.
   b. procurar siempre tener bastante dinero por si acaso tengas que escaparte de la casa.
   c. nunca arrimarte demasiado a nadie.
   d. quedarse callado y no causar problemas si eres víctima de abuso o de una pendencia.

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Grades 10-12 Form A

SCHOOL____________________ TODAY'S DATE________________

TEACHER____________________ GRADE________________

AGE____________________ CLASS PERIOD________________

SEX (circle one) : MALE FEMALE

For each question circle the letter next to the best answer. Choose just one answer for each question.

1. Who are likely to be victims?

   a. Boys only.

   b. Girls only.

   c. Young children only.

   d. People of all ages.

2. Which person is conforming to a stereotype?

   a. A boy who makes passes at his date because he thinks males are suppose to want sex all the time.

   b. A boy who refuses to try a drug even though his friends are using it.

   c. A girl who tries to get good grades in high school because she wants to go to college.

   d. A mother who works in a bank so her family will have extra money.

3. If you refuse to conform to a stereotype, it means that

   a. you will keep your friends.

   b. you are keeping your power to make your own decisions.

   c. you are staying out of trouble.

   d. you will get better grades in school.

4. Does a teenage girl ever deserve to be abused by another person?

   a. Yes, if she does something wrong.

   b. Yes, if she acts crazy.

   c. No, a teenager is too old to be abused.

   d. No, nobody should be abused.

5. Why do many victims of physical abuse stay with the people who abuse them?

   a. The victims really like being beaten up.

   b. The victims feel responsible for the abuse.

   c. The victims really aren't being hurt that badly.

   d. The victims are not very smart.

6. Let's say you told your father about being abused by your stepmother, but he didn't do anything about it. What could you do?

   a. Forget it. If your father doesn't help, nobody will.

   b. Stay at a friend's house as often as you can.

   c. Tell someone else about it.

   d. Try not to get your stepmother angry at you.

7. Which situation involves someone trying to force another person into sexual activity?

   a. A man with a gun breaks into a house and tells the woman inside he will kill her if she doesn't have sex with him.

   b. A girl's boyfriend says that if she really loved him, she would have sex with him.

   c. An older woman keeps making sexual advances toward a teenage boy after he asks her to stop.

   d. All three of these situations.

8. Your friend Mary tells you that her boyfriend frequently punches and slaps her. She doesn't want to be hurt, but she loves him and doesn't want to lose him. What advice would you give her?

   a. Tell her to break up with him because that's the only way to stop the abuse.

   b. Tell her to get help with the relationship from someone, perhaps a counselor.

   c. Tell her that if she loves him, she will just have to learn to live with the abuse.

   d. Tell her to make sure she doesn't give him a reason to hit her.

9. Most people who physically abuse others--

   a. have no ways besides violence to show anger.

   b. hate the people they abuse.

   c. are crazy.

   d. have a problem with alcohol or drugs.

10. What would you tell a friend if he told you that an older close friend of the family kept touching him in ways that made him uncomfortable?

    a. He should just go along with it because nobody will believe him if he talks about it.

    b. He should keep quiet about it because you shouldn't "tell on" close friends.

    c. He should tell the friend to stop and then he should tell an adult he trusts about it.

    d. He should be polite to the friend but try to stay in his room whenever the friend visits his family.

11. If a man gets drunk and rapes someone, who or what is to blame?

    a. The rapist.

    b. The victim, if she flirted with the rapist.

    c. Both the rapist and the victim are equally at fault.

    d. Alcohol.

12. Suppose a friend of yours talks about killing herself. What is the best thing to do?

    a. Don't worry about it. People who talk about killing themselves never really go through with it.

    b. Try to cheer her up by getting her to talk about something else.

    c. Leave her alone. She is sick and could hurt you as well as herself.

    d. Believe her and persuade her to talk about it with an adult she trusts.

13. Let's say a friend of yours is using drugs, so that he is high almost all the time. When you tried to talk to him about it, he told you to leave him alone, that he can control his drug use. What is the best thing to do?

    a. Forget about it. If he is in control, then it isn't really a serious problem.

    b. Respect his right to make his own choices and leave him alone.

    c. Talk to a trusted adult about your friend.

    d. Leave him alone. Your friend needs help from a professional, not you.

CHILDREN'S ANTIVICTIMIZATION EDUCATION PROJECT

Grades 10-12 Form B

SCHOOL______________________ TODAY'S DATE__________________

TEACHER_____________________ GRADE_________________________

AGE_________________________ CLASS PERIOD__________________

SEX (circle one) : MALE FEMALE

For each question circle the letter next to the best answer. Choose just one answer for each question.

1. Who are likely to be victims?

    a. Children only.

    b. Poor people only.

    c. Weak or vulnerable people.

    d. Criminals only.

2. What is a stereotype?

    a. An assumption about how a person should act or feel.

    b. A description of a person who tries to act older than his age.

    c. A group of people who put pressure on you.

    d. A decision that is difficult or impossible to make.

3. What is most harmful about going along with a stereotype?

    a. You can get into trouble.

    b. You can look stupid in front of your friends.

    c. You can make your friends angry at you.

    d. You can lose power to make your own decisions.

4. Who is to blame if a teenager is physically abused?

    a. The teenager.

    b. The abuser.

    c. Alcohol or drugs.

    d. The abuser and the teenager share the blame.

5. Suppose a friend tells you about a woman who has been beaten by her husband on many occasions over the past few years. This woman hasn't ever tried to leave her husband. Why do you think she stays with him?

    a. She probably feels dependent on her husband.

    b. She probably deserves what she's getting.

    c. She probably enjoys pain.

    d. The beatings are probably not too bad.

6. When Greg's father has had too much to drink, he punches Greg and tries to start a fight with him. Greg told his mother about it, but she said he is exaggerating, that his father is never really violent. What can Greg do now?

    a. Put up with it and don't mention it again. If his own mother doesn't believe him, nobody will.

    b. Try to stay at a friend's house whenever his father is drinking.

    c. Talk about it to his school counselor or a teacher he trusts.

    d. Start fighting back whenever his father hits him.

7. Mary didn't feel ready to have a sexual relationship, but her boyfriend said he'd find someone else if she didn't. She went to bed with him because she didn't want to lose him. Did she have control over her decision?

    a. No, her boyfriend raped her.

    b. No, she was a victim of emotional pressure.

    c. Yes, because she could have refused if she wanted to.

    d. Yes, because he didn't hit her or threaten her physically.

8. Your friend's older sister is married and has children. Her husband beats her and says she is no good. She doesn't want to leave him, because she has no money of her own and is afraid he will hurt the children if she leaves. What can she do?

   a. Stay out of her husband's way and try not to make him angry at her.

   b. Start fighting back whenever he hits her.

   c. Get help from a minister or counselor.

   d. If she won't leave him then she'll just have to put up with abuse and keep quiet about it.

9. People who abuse others do it because:

   a. they are crazy.

   b. they are alcoholics or drug addicts.

   c. they hate the people they abuse.

   d. they have no other way to express their anger.

10. What would you tell a friend if he told you his older sister kept touching him in a way that made him uncomfortable?

    a. He should go along with it for now, so his sister won't get mad.

    b. He should keep quiet about it, because you can't "tell on" members of your own family.

    c. He should tell his sister to stop and then tell a trusted adult about it.

    d. He should keep it a secret so his parents won't get upset.

11. When is a rape not the rapist's fault?

    a. Never. The rapist is always at fault.

    b. When the rapist is drunk or on drugs.

    c. When the victim did something to bring on the attack.

    d. When the rapist just wasn't able to control a very strong sex drive.

12. You have an adult friend who is very depressed. You're worried she might try to hurt or kill herself, but when you mention it to her, she tells you not to worry, that she is OK. What is the best thing to do?

    a. Leave her alone. She is responsible for her behavior, not you.

    b. Always talk about happy things with her so she won't be so depressed.

    c. Believe her when she says she is OK, and don't worry about it any more.

    d. Talk to another adult about it.

13. Suppose you suspected that a friend of yours has a problem with alcohol. What would you do about it?

    a. Try to be with your friend whenever he was drinking, so you could keep him out of trouble.

    b. Keep quiet about it because it is your friend's right to make his own choices.

    c. Talk to him about his drinking, and suggest some ways for him to get help.

    d. Keep quiet about it because only a doctor or psychologist can give him the help he needs.

Children's Antivictimization Education Project

Grades 10-12 Form A/Spanish

ESCUELA____________________ FECHA DE HOY ____________

MAESTRO____________________ GRADO __________________

EDAD_______________________ PERIODO DE CLASE ________

SEXO (Marca con un círculo) HOMBRE MUJER

Para cada pregunta, marca la letra de tu preferida respuesta. Marca solamente una respuesta para cada pregunta.

1. ¿Quíenes pueden ser víctimas? (Marca uno.)
   a. Sólo los hombres.
   b. Sólo las mujeres.
   c. Sólo los niños chiquitos.
   d. Gente de cualquier edad.

2. ¿Cuál de las siguientes personas se está conformando a un estereotipo?
   a. El muchacho que intenta hacerle el amor a la muchacha con quien sale porque él cree que eso es lo que los machos siempre deben de hacer.
   b. El muchacho que se niega a probar una droga aunque sus amigos la usan.
   c. La muchacha que trata de hacer buenas marcas en la escuela porque quiere ir al colegio.
   d. La madre que trabaja en un banco para que tenga dinero adicional la familia.

3. Cuando tú te niegas a conformarte a un estereotipo, es indicación de que
   a. no vas a perder tus amigos.
   b. vas a conservar el poder de hacer tus propias decisiones.
   c. vas a evitar meterte en lios.
   d. recibirás mejores marcas en la escuela.

4. ¿Hay veces cuando una muchacha adolescente merece ser abusada por otra persona?
   a. Sí, si hace algo mal.
   b. Sí, si se porta como una loca.
   c. No, una adolescente es ya muy grande para ser víctima del abuso.
   d. No, nadie debe ser víctima del abuso.

5. ¿Por qué sería que muchas de las víctimas del abuso físico se quedan con las personas que las abusan?
   a. Les gusta a la víctimas ser golpeadas.
   b. Las víctimas creen que hicieron algo para provocar el abuso.
   c. En verdad, las víctimas no son tan gravemente golpeadas.
   d. No son muy inteligentes las víctimas.

6. Vamos a suponer que tú le dijiste a tu papá que tu madrastra te abusaba pero él no hizo nada para remediar la situación. ¿Qué puedes hacer?
   a. Olvidarlo. Si tu mismo padre no te ayuda, otros peor.
   b. Quedarte cuando puedas con un amigo.
   c. Contarle a alguien más tu situación.
   d. Procurar no hacerle enojar a tu madrastra.

7. ¿En cuál de las siguientes situaciones es cuestión de una persona que quiere forzar a otra persona a tomar parte en alguna actividad sexual?

   a. Un hombre armado se mete a una casa y le dice a la mujer de la casa que la va a matar si se niega a tener relaciones sexuales con él.

   b. El novio de una muchacha le dice que si ella lo quisiera verdaderamente, tendría relaciones sexuales con él.

   c. Una mujer de edad mayor sigue haciéndole caricias sexualmente sugestivas a un muchacho adolescente después de que él le ha pedido que lo deje de hacer.

   d. Todas las tres situaciones.

8. Tu amiga María te cuenta que el novio seguidamente le da cachetadas y la golpea. Ella no quiere sufrir, pero lo ama y no lo quiere perder. ¿Cuáles consejos sería bueno darle?

   a. Decirle que rompa con él porque solo así se pondrá fin al abuso.

   b. Decirle que obtenga ayuda para la pareja de alguien, posiblemente un consejero.

   c. Decirle que si lo ama, tendrá que aprender a sobrellevar el abuso.

   d. Decirle que se asegure de no darle motivo para pegarle.

9. La mayoría de las personas que físicamente abusan a otras—

   a. no tienen otra manera de mostrar su coraje

   b. odian a las personas que maltratan.

   c. son locos.

   d. tienen un problema con alcohol o con las drogas.

10. ¿Qué le dirías a un amigo si te dijera que un señor mayor, buen amigo de la familia, le está tocando continuamente de una manera que lo hace sentirse sumamente incómodo?
    - a. Decirle que debe sobrellevarlo porque nadie lo va a creer si lo cuenta.
    - b. Decirle que debe callarlo porque no se debe denunciar a los buenos amigos.
    - c. Decirle que debe marcarle el alto al amigo y que luego debe contarlo a un adulto de confianza.
    - d. Decirle que debe ser cortés con el amigo, pero que debe tratar de quedarse en su cuarto cuando el amigo visita a la familia.

11. Si un hombre se emborracha y en su borrachera comete una violación sexual, ¿quién o qué tiene la culpa?
    - a. El violador.
    - b. La víctima si coqueteaba con el violador.
    - c. Son igualmente culpables el violador y la víctima.
    - d. El alcohol.

12. Vamos a suponer que una amiga tuya habla de sucidarse. ¿Cuál es la mejor cosa que hacer?
    - a. No apurarse. Las personas que hablan de matarse raramente lo hacen.
    - b. Procurar alegrarle la vida un poco hablándole de otra cosa.
    - c. Dejarla sola. Está enferma y podría hacer daño no solo a sí misma sino a tí también.
    - d. Creerla y convencerla de que debe hablar del asunto con un adulto de confianza.

13. Vamos a suponer que un amigo tuyo usa drogas al grado que casi siempre anda bajo la influencia de esas substancias. Cuando intentaste hablarle de eso, te dijo que lo dejaras en paz, que él puede controlarse. ¿Cuál sería mejor hacer?

   a. Olvidarlo. Si él lo puede controlar, entonces no es tan serio el problema.
   b. Respetar su derecho a hacer sus propias decisiones y dejarlo en paz.
   c. Hablar de su amigo con un adulto de confianza.
   d. Dejarlo en paz. Tu amigo necesita la ayuda de un experto profesional, no la tuya.

Children's Antivictimization Education Project

Grades 10-12 Form B/Spanish

ESCUELA____________________________ FECHA DE HOY ________________

MAESTRO____________________________ GRADO ________________________

EDAD_______________________________ PERIODO DE CLASE _____________

SEXO (Marca con un círculo) HOMBRE MUJER

Para cada pregunta, marca la letra de tu preferida respuesta. Marca solamente una respuesta para cada pregunta.

1. ¿Quíenes pueden ser víctimas?
   a. Sólo los niños.
   b. Sólo la gente pobre.
   c. Personas débiles y vulnerables.
   d. Solo los criminales.

2. ¿Qué es un estereotipo?
   a. Una conclusión sobre cómo debe portarse o qué debe sentir una persona.
   b. Una manera de describir a la persona que intenta portarse como si tuviera más años que los que tiene.
   c. Un grupo de personas que ejercen presión sobre uno.
   d. Una decisión difícil o imposible de hacer.

3. Cuál es la inconveniencia más grande de la aceptación de estereotipos.
   a. Puedes meterte en borlotes.
   b. Puedes verte tonto delante de los amigos.
   c. Puedes hacerles enojar a los amigos.
   d. Puedes ya no poder hacer tus propias decisiones.

4. ¿Cuando un adolescente es físicamente abusado, quién tiene la culpa?
   a. El adolescente.
   b. La persona que abusa.
   c. Alcohol o drogas.
   d. La persona que abusa y el adolescente comparten la culpa.

5. ¿Vamos a suponer que un amigo te cuenta de una mujer que en muchas ocasiones recientes ha sido golpeada por el esposo. La mujer ni siquiera ha intentado dejar al hombre. ¿Por qué crees que se queda con él?
   a. Por sentirse ella económica y socialmente dependiente.
   b. Probablemente merece lo que le pasa.
   c. Probablemente goza del dolor.
   d. Porque no han de ser tan fuertes los golpes.

6. Cuando el papá de Gregorio ha bebido demasiado, golpea a Gregorio y trata de provocar un plieto con él. Gregorio se lo contó a su mamá, pero ella dijo que exageraba, que su papá nunca se ponía violento. ¿Ahora qué puede hacer Gregorio?
   a. Aguantarse y no volverlo a mencionar. Si su propia madre no lo cree, menos los demás.
   b. Procurar quedarse en casa de un amigo cuando su papá bebe.

c. Contar el caso a su consejero de la escuela o a un maestro de su confianza.

d. Comenzar a devolver los golpes que le dé su papá.

7. María no quería tener una relación sexual, pero el novio le dijo que si ella no lo hacía, él iba a encontrar a otra. María se acostó con el novio para no perderlo. ¿Controlaba ella su decisión?

a. No, fue una violación por parte del novio.

b. No, María fue víctima de presiones emocionales.

c. Sí, porque María podría haberse negado.

d. Sí, porque él no le pegó ni le hizo ninguna amenaza física.

8. La hermana mayor de tu amiga está casada y tiene hijos. El esposo la golpea y le dice que es una buena para nada. Ella no quiere dejarlo porque no tiene dinero propio y teme que él podría hacerles un daño a los niños si ella sale. ¿Qué puede hacer ella?

a. Evitar encuentros con el marido y procurar no hacerle enojar.

b. Comenzar a devolverle los golpes cuando él le pega.

c. Obtener ayuda de un ministro o de un aconsejador.

d. Si no quiere dejarlo, tendrá que aguantar el abuso y callarlo.

9. Las personas que abusan a otras:

a. son locos.

b. son alcohólicos o drogadictos.

c. odian a sus víctimas.

d. no tienen otra manera de expresar su coraje.

10. ¿Qué le dirías a un amigo si te dijera que su hermana mayor tiene la costumbre de tocarlo de una manera que lo hace sentirse sumamente incómodo?

   a. Que debe sobrellevarlo por lo pronto para que no se enoje la hermana.
   b. Que debe callarlo porque no se debe denunciar a los miembros de su propia familia.
   c. Que debe marcarle el alto a la hermana y que luego debe contarlo a un adulto de confianza.
   d. Que debe callarlo para no causarles preocupaciones a sus papás.

11. ¿Cuándo puede no ser culpa del violador la violación?

   a. Nunca. El violador siempre tiene la culpa.
   b. Cuando el violador está borracho o está endrogado.
   c. Cuando la víctima hizo algo para provocar el ataque.
   d. Cuando el violador no más no podía controlar el fuerte deseo sexual.

12. Vamos a suponer que una amiga tuya ya adulta está muy deprimida. Temes que pudiera intentar hacerse daño o suicidarse, pero cuando hablas con ella, te dice que no te preocupes, que está bien. ¿Cuál es la mejor cosa que tú puedes hacer?

   a. Dejarla. Ella es responsable de sus acciones, no tú.
   b. Procurar siempre hablarle de cosas alegres para que no esté tan deprimida.
   c. Creerla cuando te dice que está bien, y ya no preocuparte.
   d. Discutir el caso con otro adulto.

13. Vamos a suponer que sospechas que un amigo tuyo tiene un problema con el alcohol. ¿Qué harías?

    a. Procurar siempre acompañar al amigo cuando estuviera bebiendo para evitar que se metiera en borlotes.

    b. Callarlo porque tu amigo tiene derecho a hacer sus propias decisiones.

    c. Hablar con tu amigo del problema y sugerirle algunas maneras de obtener ayuda.

    d. Callarlo porque sólo un doctor o un psicólogo puede brindarle a tu amigo la ayuda que necesita.

For Office
Use Only
☐☐☐☐

WHO Program

Teacher and Presenter Questionnaire

For each of the following statements, check the box that best represents your degree of agreement or disagreement with the statement. You will be asked (a) how you feel now and (b) how you felt before your experience with the WHO program. For each question, check one box only for part a and one box only for part b.

A. HOW DO YOU FEEL NOW? 1 Strongly agree	2 Agree	3 Uncertain	4 Disagree	5 Strongly disagree		B. HOW DID YOU FEEL BEFORE YOUR EXPERIENCE WITH THE WHO PROGRAM? 1 Strongly agree	2 Agree	3 Uncertain	4 Disagree	5 Strongly disagree
☐	☐	☐	☐	☐	1. A victim must take part of the blame for being in an abusive situation.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	2. A boy is as likely to be a victim as a girl.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	3. Victimization only refers to physical and sexual abuse.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	4. Children are much more likely to be victimized by someone they know than by a stranger.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	5. There is very little a child can do to prevent being victimized.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	6. Any parent who abuses a child must be psychotic.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	7. If there is a sexual relationship between an adult and a child in a family, the child is not at fault.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	8. Most reports made by children about sexual abuse are really fantasies and are unlikely to be true.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	9. If a child confides in you about abuse, you should listen and not let your anger at the perpetrator get in the way.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	10. A teacher is required by law to report suspected physical abuse, sexual abuse, or neglect to the authorities.	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	11. If a child reports having been physically abused, it's important to find out if the child had done anything to elicit the abuse.	☐	☐	☐	☐	☐

Have you completed this questionnaire before?

☐ 1 Yes ☐ 2 No

FOR PRESENTERS AND CLASSROOM TEACHERS:

Since presentation of the WHO program, have any children confided in you about their being victimized or abused?

☐ 1 Yes ☐ 2 No

↓

If yes, did this represent more children than had reported victimization and abuse in the one month prior to the WHO presentation?

☐ 1 Yes ☐ 2 No

APPENDIX K

Test Instructions

INSTRUCTIONS FOR TESTING
GRADES K-3

Children's Antivictimization Education Project

1. If you are not familiar with the class, begin by introducing yourself, and try to establish rapport (e.g., talk about the holidays, something in the classroom, or a current local event).

2. Explain what the children are going to do. For example, "We're going to complete these forms that I have. The forms ask questions about ways we can stay safe. You won't get a grade for this. We just want to know what you think about being safe."

3. Make sure that a number has been assigned to each student in the class. (Refer to the pink STUDENT NUMBER ASSIGNMENT SHEET).

4. Pass out the picture answer sheets, making sure that the number written on each student's answer sheet (upper left corner) is the same as the student's assigned number.

It is VERY IMPORTANT that the number on each student's answer sheet be the same as his/her assigned number on the pink STUDENT NUMBER ASSIGNMENT SHEET.

5. Make sure that you have a picture answer sheet for yourself, and the white 2-page form with the test questions printed on it.

6. Hold up your answer sheet so the children can all see it. Tell them to fill in their age by pointing to the word AGE and at the same time saying the first line on the white test form ("Put your age where..."). Then, have them indicate their sex, pointing to the pictures on the answer sheet as you say the directions ("Circle the boy if..."). Children should NOT write their names on the answer sheets.

7. Once the children have completed the age and sex items, tell them you will ask a question and they are to circle the answer they think is best.

At this point, make sure you tell them:
   (1) to pick just one answer, not both, for a question.
   (2) not to talk out loud.
   (3) to keep their eyes on their own papers. (It may help to remind them that we want to know what they think, and that they won't be graded on this).

8. Begin reading the questions and answer choices. Make sure you read the items slowly, so that the children have plenty of time to think about the questions and possible answers. Hold up the answer sheet as you work through the test, pointing to the pictures as you recite answer choices aloud.

Once you see that everyone has circled an answer to a question, go on to the next item. If you aren't sure that everyone is finished with a question, ask the children to raise their hands if they are still thinking about a question.

9. Children might ask you questions about the test items. Never tell them the right answers or give hints. Don't define items that appear in a question (e.g., victim, private parts). You may explain terms that appear in the answer choices, but try to be very brief and neutral in your explanation.

10. When you are done, collect all the answer sheets and thank the class.

11. Some children might want to know how many they got right. If this happens, tell them you are not really interested in right or wrong answers; you just want to know what they think. If they have questions, they can ask their teacher later.

Note: With kindergarten and 1st grade children, it helps to have another adult (e.g., teacher, or teacher's aide) present to assist children in indicating their age and sex; and to help make sure that children stay on the right page and pair of pictures as you read the test items.

Also, it will be easier for young children to attend to the right pair of pictures for a question if you first tell them to put their finger on the symbol (square or numeral) for that question, then read the question. For example, if you are about to read question 2, say "Put your finger on the number 2," then read the test item.

INSTRUCTIONS FOR TESTING
GRADES 4-6

Children's Antivictimization Education Project

1. If you are not familiar with the class, begin by introducing yourself, and try to establish rapport (e.g., talk about the holidays, something in the classroom, or a current local event).

2. Explain what the children are going to do. For example, "We're going to complete these forms that I have. The forms ask questions about how to stay safe. You won't get a grade for this. We're just interested in what you think about being safe."

3. Make sure that a number has been assigned to each student in the class. (Refer to the pink STUDENT NUMBER ASSIGNMENT SHEET).

4. Pass out the test forms, making sure that the number written on each student's test (upper left corner) is the same as the student's assigned number.

It is VERY IMPORTANT that the number on each student's test be the same as his/her assigned number on the pink STUDENT NUMBER ASSIGNMENT SHEET.

5. Instruct the students to fill in the information requested at the top of the form (school, teacher's name, date, grade). If necessary, help them with this, or ask the teacher or aide to help. Students should NOT write their names on the forms.

6. Once they have completed the information at the top of the form, tell them that (1) you will read the questions out loud, one at a time; (2) they are to read, silently, along with you; and (3) after you have read the three answers to a question, they are to circle the letter next to the best answer. That is, they are *not* to fill out the forms at their own pace; instead, they are to proceed item-by-item with you.

7. Make sure you tell the children.
    - (1) to pick just one answer for each question.
    - (2) *not* to talk out loud.
    - (3) to keep their eyes on their own papers. (It may help to remind them that we are interested in what *they* think, and that they won't get a grade).

8. Begin reading the test questions and answer choices. After you read a question, pause for a second and then read each answer choice. Then pause again, to give the children time to respond. Once you see that everyone has chosen an answer, go on to the next question. If at any time you aren't sure whether everyone is finished with a question, ask them to raise their hands if they are still thinking about the question.

9. Students might ask questions about the test items. Never tell them the right answer or give hints. Don't define terms that appear in a question (e.g., victim, private parts). You may explain terms that appear in the answer choices, but try to be very brief and neutral in your explanations.

10. The content of several questions may provoke giggling. If this happens, it might help to say that you know that they are not used to answering questions like these, but it is important that they give honest answers and not talk out loud.

11. When everyone has completed the forms, collect all test forms and thank the class.

12. Some children may want to know how they did. If this happens, tell them you are not really interested in how many questions they get right or wrong; we just want to know what they think. If they have questions, they can ask their teachers later.

INSTRUCTIONS FOR TESTING: SPANISH/BILINGUAL
GRADES 4-6

Children's Antivictimization Education Project

1. If you are not familiar with the class, begin by introducing yourself, and try to establish rapport (e.g., talk about the holidays, something in the classroom, or a current local event).

2. Explain what the children are going to do. For example, "We're going to complete these forms that I have. The forms ask questions about how to stay safe. You won't get a grade for this. We're just interested in what you think about being safe."

3. Make sure that a number has been assigned to each student in the class. (Refer to the pink STUDENT NUMBER ASSIGNMENT SHEET).

4. Pass out the test forms, making sure that the number written on each student's test (upper left corner) is the same as the student's assigned number.

It is VERY IMPORTANT that the number on each student's test be the same as his/her assigned number on the pink STUDENT NUMBER ASSIGNMENT SHEET.

5. Instruct the students to fill in the information requested at the top of the form (school, teacher's name, date, grade). If necessary, help them with this, or ask the teacher or aide to help. Students should NOT write their names on the forms.

6. Once they have completed the information at the top of the form, tell them that (1) you will read the questions out loud in Spanish, one at a time; (2) they are to read, silently, along with you; and (3) after you have read the three answers to a question, they are to circle the letter next to the best answer. That is, they are not to fill out the forms at their own pace; instead, they are to proceed item-by-item with you.

   The questions and answer choices are printed on the test forms in both English and Spanish. The children may read silently and mark answers in either language; however, please read aloud in Spanish.

7. Make sure you tell the children.
   (1) to pick just one answer for each question.
   (2) not to talk out loud.
   (3) to keep their eyes on their own papers. (It may help to remind them that we are interested in what they think, and that they won't get a grade).

8. Begin reading the test questions and answer choices in Spanish. After you read a question, pause for a second and then read each answer choice. Then pause again, to give the children time to respond. Once you see that everyone has chosen an answer, go on to the next question. If at any time you aren't sure whether everyone is finished with a question, ask them to raise their hands if they are still thinking about the question.

9. Students might ask questions about the test items. Never tell them the right answer or give hints. Don't define terms that appear in a question (e.g., victim, private parts). You may explain terms that appear in the answer choices, but try to be very brief and neutral in your explanations.

10. The content of several questions may provoke giggling. If this happens, it might help to say that you know that they are not used to answering questions like these, but it is important that they give honest answers and not talk out loud.

11. When everyone has completed the forms, collect all test forms and thank the class.

12. Some children may want to know how they did. If this happens, tell them you are not really interested in how many questions they get right or wrong; we just want to know what they think. If they have questions, they can ask their teachers later.

INSTRUCTIONS FOR TESTING
GRADES 7-9, 10-12

Children's Antivictimization Education Project

1. If you are not familiar with the class, begin by introducing yourself, and try to establish rapport (e.g., talk about the holidays, something in the classroom, or a current local event).

2. Explain what the students are going to do. For example, "We're going to complete these questionnaires that I have. The forms ask questions about personal safety in different kinds of situations. You won't get a grade for this. We're just interested in what you think about being safe."

3. Make sure that a number has been assigned to each student in the class. (Refer to the pink STUDENT NUMBER ASSIGNMENT SHEET).

4. Pass out the test forms, making sure that the number written on each student's test (upper left corner) is the same as the student's assigned number.

It is VERY IMPORTANT that the number on each student's test be the same as his/her assigned number on the pink STUDENT NUMBER ASSIGNMENT SHEET.

5. Instruct the students to fill in the information requested at the top of the form (school, grade, class, age, sex, etc). Students should NOT write their names on the forms.

6. Once they have completed the information at the top of the form, tell them to begin answering the questions, by circling the letter of the best answer. Make sure you tell them:
   (1) to pick just one answer for each question.
   (2) not to talk out loud.
   (3) to keep their eyes on their own papers.
   (It may help to remind them that we are interested in their opinions, and that they won't be graded).

7. Students might ask you questions about the test items. Never tell them the right answer or give hints. For example, don't define terms that appear in a question (e.g., stereotype, peer pressure). You may explain terms that appear in the answer choices, but try to be very brief and neutral in your explanations.

8. The content of several questions may provoke giggling. If this happens, it might help to say that you recognize that they are not used to answering questions like these, but it is important that they not talk out loud and answer as honestly as they can.

9. When everyone has completed the forms, collect all tests and thank them.

STUDENT NUMBER ASSIGNMENT SHEET

Children's Antivictimization Education Project

SCHOOL____________________ GRADE____________________

CLASS____________________ TEST DATES 1.________ 2.________

Instructions: Please assign a number to each student in the class by filling in one student's name next to each number. (It is acceptable to simply list students in alphabetical order such as John Adams=1, David Brown=2, etc).

The student's assigned number indicates the test number he/she is to receive during each test session.

PLEASE KEEP THIS SHEET. It will be necessary to refer to it at later test date shown above.

Test Number	Name	Test Number	Name
1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		26.	
11.		27.	
12.		28.	
13.		29.	
14.		30.	
15.		31.	
16.		32.	